

OFFICE OF LAW ENFORCEMENT SUPPORT
CRIMINAL INVESTIGATION

CONFIDENTIAL

To: Allison Haley District Attorney Napa County	Case Number: Investigator: Date of Incident: Date of Report:	2017-00354 Jason Davis March 23, 2017 Sept. 21, 2017
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SUSPECT: Michael HAUSCARRIAGUE	Classification: Location: Date of Birth: ATO: Off Client Contact:	Hospital Police Officer Dept. State Hospitals-Napa Nov 13, 1992 No Yes
SUSPECT: Terence MCCULLOUGH	Classification: Location: Date of Birth: ATO: Off Client Contact:	Hospital Police Officer Dept. State Hospitals-Napa June 13, 1967 No No

SYNOPSIS

On March 23, 2017, at approximately 1545 hrs, Napa State Hospital (NSH) patient [REDACTED] was in the unit T-13 Courtyard. There were several level of care (LOC) staff members in the courtyard along with other patients. A personal duress alarm system (PDAS) was activated by LOC staff and multiple Hospital Police Officers (HPO) responded to the incident. [REDACTED] was originally reported as displaying verbal aggression towards others to include threatening to kill LOC staff and HPO's. [REDACTED] was also described as displaying aggressive body language and movements in the courtyard.

Multiple HPO's arrived on scene including HPO Michael HAUSCARRIAGUE, who used physical force in an attempt to contain [REDACTED]. Because of the attempted containment, both HAUSCARRIAGUE and [REDACTED] collided into a concrete wall. [REDACTED]

HAUSCARRIAGUE reported that he sustained [REDACTED] during the altercation. Both [REDACTED] and HAUSCARRIAGUE were transported to outside medical facilities for treatment. [REDACTED] was then charged for Penal Code (PC) violations 69, 422, 243(c)(2), 12022.7(a) and booked into the Napa County Jail.

On March 23, 2017, NSH notified the Office of Law Enforcement Support (OLES) that [REDACTED] during an altercation with Hospital Police Officers earlier in the day.

Per 4023 W&I Code, OLES has the authority to investigate various incidents at DSH facilities to include [REDACTED] of patients and officer misconduct.

On April 6, 2017, I was assigned to analyze NSH incident 17030418 to determine if there were criminal or administrative violations that warranted further investigation by OLES. I reviewed the original incident report, various medical records, and audio interviews. I also interviewed [REDACTED]. On May 31, 2017, OLES determined that a criminal investigation would be conducted into an allegation that Officer HAUSCARRIAGUE used unnecessary and excessive force on patient [REDACTED].

TABLE OF CONTENTS

	PAGE
Allegations.....	5
Investigation.....	5
Document/Evidence Review:	
1. Facility template from Napa State Hospital reporting the [REDACTED] of a patient.....	5
2. OLES Attorney on Duty (AOD) form reporting the [REDACTED] of a patient.....	5
3. NSH Incident 17030418.....	5
a. Final Supplemental Incident Report Ofc. Truong.....	7
b. Final Supplemental Incident Report Ofc. Tweedy.....	8
c. Final Supplemental Incident Report Ofc. Donaldson.....	9
d. Final Supplemental Incident Report Ofc. Nelum.....	10
e. Final Supplemental Incident Report Ofc. Brandt.....	10
f. Final Supplemental Incident Report Ofc. Davies.....	10
g. Final Supplemental Incident Report Ofc. MCCULLOUGH.....	11
4. NSH Incident 17030419.....	12
5. NSH Incident 17010122.....	12
6. NSH Incident 16121688.....	12
7. Initial Medical/Nursing Documentation.....	13
8. Audio recording between Patient [REDACTED] and Ofc. Davies.....	14
9. Audio recording between Ofc. HAUSCARRIAGUE and Ofc. Davies.....	14
10. Audio recording between Ofc. Donaldson and Ofc. Davies.....	14
11. Napa State Hospital Patrol Log March 21, 2017.....	14
12. [REDACTED] Registrant Report.....	14
13. Officer HAUSCARRIAGUE Medical report re: [REDACTED].....	15
14. [REDACTED] Medical report re: [REDACTED].....	15
15. Probable Cause Statements, Napa DA for arrest of [REDACTED].....	15
16. [REDACTED] pre-arrest clinical review and recommendations.....	16
17. Staff Roster and patient list unit T-13, March 23, 2017.....	16
18. Unit T-13 Courtyard patient census, March 23, 2017.....	16
19. Preliminary PDAS Info for T-13.....	16
20. Detailed PDAS information for T-13.....	17
21. Pictures taken NSH 14030418.....	17
22. Schematic of T-13 building and courtyard.....	17
23. Internet search of HAUSCARRIAGUE.....	17
24. Photos and physical description of involved HPO's.....	17
25. DSH Policy and procedures re: use of force.....	17
26. NSH patrol log March 23, 2017.....	18
27. Additional medical records located for [REDACTED].....	18
28. Booking photo of [REDACTED].....	18
29. Photos taken by OLES Investigators.....	19
30. OLES admonishment and notice of interview forms.....	19
31. OLES recorded audio interviews.....	19

Summary of Interviews:

A. Patient [REDACTED]	20
B. Dr. [REDACTED]	23
C. RT [REDACTED]	29
D. Patient [REDACTED]	35
E. PT [REDACTED]	38
F. RN [REDACTED]	44
G. PT [REDACTED]	48
H. RN [REDACTED]	51
I. [REDACTED]	58
J. Patient [REDACTED]	60
K. Patient [REDACTED]	61
L. Patient [REDACTED]	62
M. Patient [REDACTED]	62
N. PT [REDACTED]	64
O. SW [REDACTED]	66
P. PT [REDACTED]	68
Q. Psych [REDACTED]	74
R. Sgt. Nicholas Kotsinadelis.	80
S. Sgt. Sergio Flores.	87
T. Ofc. Neil Leomo.	91
U. Ofc. Curtis Brandt.	92
V. Ofc. Terence MCCULLOUGH.	96
W. Det. Ross Tweedy.	101
X. Ofc. Jose Becerra.	106
Y. Ofc. Stuart Donaldson.	114
Z. Ofc. Vuong Truong.	123
AA. Ofc. Michael HAUSCARRIAGUE.	138
Involved Party List	139
Exhibit List.	145
Case Status.	146

ALLEGATIONS

Hospital Police Officer Michael HAUSCARRIAGUE abused a dependent adult in violation of section 368 of the California Penal Code (PC). He committed a battery upon another resulting in serious bodily injury, in violation of section 243(d) PC, committed an assault upon another with force likely to produce great bodily injury, in violation of section 245(a)(4) PC, and was a public officer who, under color of authority, without lawful necessity, assaulted another in violation of section 149 PC.

Hospital Police Officer Terence MCCULLOUGH, falsely arrested [REDACTED] in violation of 236 PC. He signed a Napa County Complaint Form, under penalty of perjury, knowing that the information contained within the complaint was false. This is a violation of 118 PC.

INVESTIGATION

Investigator's Note: The information contained within this report is a summary of this investigation. For specific and full details, refer to the actual exhibits, recordings and/or evidence.

REVIEW OF THE OLES NOTIFICATION TEMPLATE (EXHIBIT 1)

The notification template is required to be completed by a Department of State Hospital (DSH) facility when a reportable event, per 4023 W&I, occurs within a facility. The template provides a brief narrative that summarizes the reportable event. The template was emailed directly to OLES and reviewed March 24, 2017. The template listed [REDACTED]

HAUSCARRIAGUE

[REDACTED] is a reportable event to OLES.

REVIEW OF THE ADMINISTRATIVE OFFICER OF THE DAY (AOD) FORM (EXHIBIT 2)

In addition to the notification template, when a patient receives a [REDACTED] the facility is also required to contact the AOD by phone and give a verbal summary of the event. NSH reported the [REDACTED] to OLES on March 23, 2017, at 1714 hrs hrs. Overall, the event summary on the template was consistent with what was reported directly to the AOD.

NSH INCIDENT REPORT 17030418 (EXHIBIT 3)

Officer (Ofc.) Becerra completed the incident report. There were seven supplemental reports written by other officers as well. [REDACTED] was the suspect in the report and was subsequently arrested for several felonies. [REDACTED] was booked into the Napa County Jail on March 24, 2017.

[REDACTED] Based on the photographs of [REDACTED] contained within the report, [REDACTED] did not appear to be in good physical shape or physically fit, appearing obese. [REDACTED] was receiving inpatient treatment at NSH for mental illness.

HAUSCARRIAGUE was listed as the victim in report 17030418. He was 24 years old. His personnel information listed him as 6'0" tall and 185 lbs.

Ofc. Becerra reported that HAUSCARRIAGUE, Ofc. Truong, Ofc. Donaldson and Ofc. Tweedy were dispatched with him to the Unit T-13 Courtyard for a Personal Duress Alarm System (PDAS) activation. While en route, Ofc. Becerra could hear [REDACTED] screaming obscenities and threats to "kill everyone." When he arrived on scene he saw that [REDACTED] was pacing back and forth in front of the locked chain link gate that allowed entry into the courtyard. Ofc. Becerra noticed that staff were on the opposite side of the courtyard and away from [REDACTED] at that time which indicated to Ofc. Becerra that "something was wrong." He also said there were no other patients near [REDACTED]. Ofc. Becerra believed the staffs' behavior was indicative of [REDACTED] possessing a weapon.

Investigator's note: A PDAS is an instrument used by staff to activate if they are in fear for their safety or if they want to alert the facility that they need additional staff resources to deal with psychiatric or medical incidents. The device also tracks the location of the wearer within the facility.

Ofc. Becerra described [REDACTED] as having aggressive body language and behavior to include clenched fists and heavy breathing. [REDACTED] continued to yell obscenities when an officer told [REDACTED] to move away from the gate. [REDACTED] complied and walked towards the west cement wall as he continued to shout obscenities. [REDACTED] aggressively kicked a ball. Ofc. Becerra believed, based on his experiences with [REDACTED] that his behavior was a precursor for him to commit a violent act. Ofc. Becerra believed [REDACTED] was going to harm someone.

Ofc. Becerra said that HAUSCARRIAGUE was inside the courtyard when he (HAUSCARRIAGUE) ordered [REDACTED] to stop walking away. [REDACTED] threatened to kill the officers. Ofc. Becerra decided that the safest thing to do, to ensure the safety of staff, patients, and officers, was to attempt to control [REDACTED] on the ground. He added that he was fearful that if [REDACTED] was not contained quickly he would have physically harmed someone. He ran towards [REDACTED]

Ofc. Becerra reported that HAUSCARRIAGUE got to [REDACTED] first and attempted to contain [REDACTED] by grabbing his waist with both of his arms. [REDACTED] turned his body and resisted the officer by pushing down on the officer's shoulder with his right arm. Ofc. Becerra reported that the resistance by [REDACTED] forced [REDACTED] and HAUSCARRIAGUE towards the courtyard wall. Both [REDACTED] and the officer contacted the wall.

[REDACTED] ended up on the ground in a prone position with HAUSCARRIAGUE on top of him. Ofc. Becerra and Ofc. Truong [REDACTED] HAUSCARRIAGUE asked [REDACTED] if he was okay but [REDACTED] yelled obscenities. [REDACTED]

[REDACTED] Medical staff tended to him. Both [REDACTED] and HAUSCARRIAGUE were transported to an outside medical facility for further evaluation and treatment.

Within several minutes of the incident, Ofc. Becerra interviewed Psychiatric Technician (PT) [REDACTED] about the incident. PT [REDACTED] said [REDACTED] was talking with a doctor in the courtyard. Patient [REDACTED] became upset and yelled "fuck you!" several times. He started pacing the courtyard while kicking objects. [REDACTED] stated, "I will kill you all!" She was fearful for everyone's safety and pulled her PDAS alarm. She then ran back into the unit to get medication for [REDACTED]. PT [REDACTED] said by the time she returned to the courtyard [REDACTED] was already on the ground and [REDACTED]

Ofc. Becerra interviewed PT [REDACTED] PT [REDACTED] said [REDACTED] was in the courtyard talking to Dr. [REDACTED] in regards to [REDACTED] recent aggressive behavior. PT [REDACTED] added that [REDACTED] had recently made an improvised weapon and had been threatening to kill everyone. [REDACTED] was being informed that he was no longer allowed to go to groups. [REDACTED] became "agitated and aggressive" and threatened to kill everyone. PT [REDACTED] said staff then activated the alarm and police arrived. [REDACTED] threatened police and the police tackled [REDACTED] from behind. PT [REDACTED] said [REDACTED] and the police ran into the wall.

It was reported that PT [REDACTED] was asked if he had any issues with how the police handled the situation. He said he did not have issues with it and he did not think police could have done anything differently.

Ofc. Becerra interviewed PT [REDACTED] PT [REDACTED] said [REDACTED] was verbally aggressive towards Dr. [REDACTED]. He was cursing and kicking chairs and walls. [REDACTED] started to threaten to kill people and police arrived. PT [REDACTED] said she feared for her safety. She said the police told [REDACTED] to walk towards the wall. She said the wall was "the only place that was empty." Officers tackled [REDACTED] and they both hit the wall. PT [REDACTED] said she did not have any issues with how police handled the situation and she did not believe police could have done anything differently.

Ofc. Becerra interviewed Registered Nurse (RN) [REDACTED] RN [REDACTED] said [REDACTED] yelled obscenities and kicked the chairs and walls. He threatened and challenged staff. The police arrived and [REDACTED] threatened to kill them. Officers tackled [REDACTED] and they collided with the wall. Ofc. Becerra asked RN [REDACTED] if she was in fear for her safety. She said she thought the patient "was going to hurt someone." Ofc. Becerra asked her if she had any issues with how the police handled the situation and she replied, "No. It's unfortunate that [REDACTED] hit his face on the wall, but you had to make a split second decision at that moment." She also said that she believed the officers did their job.

Ofc. Becerra said that [REDACTED] sustained [REDACTED]
HAUSCARRIAGUE sustained a [REDACTED].

Ofc. Becerra provided additional information in his report regarding [REDACTED] not specific to the incident on March 23, 2017. He added that on March 21, 2017 during the daily police shift report, a Sergeant informed him and other officers that [REDACTED] had made threats to kill an officer so that he could go back to county jail. Several officers spoke with [REDACTED] that evening and he again said that he was going to kill someone so he could go back to county jail. Ofc. Becerra also added that [REDACTED] had physically assaulted an HPO in the past, reference NSH case 17-01-0122 and had exhibited a deadly weapon in the past towards HPO's, reference NSH case 16-12-1688.

SUPPLEMENTAL REPORT 17030418 HPO VUONG TRUONG.

Ofc. Truong was one of the officers that responded to the courtyard. He said he heard [REDACTED] threatening staff, but he did not recall what the threats were. When he arrived, he saw that 10 staff members surrounded the patient while the patient's back was against the courtyard chain-link fence. The staff were attempting to de-escalate the patient. Another officer ordered [REDACTED]

to step away from the gate so responding officers could enter the courtyard. [REDACTED] complied and walked away from the gate while saying, "Fuck you mother fuckers." [REDACTED] had both fists clenched and threatened to kill staff and officers.

An Officer opened the gate as HAUSCARRIAGUE verbally ordered [REDACTED] to "stop." [REDACTED] kicked a ball and turned towards HAUSCARRIAGUE with his fists clenched. He continued to threaten to kill officers. HAUSCARRIAGUE attempted a takedown on [REDACTED]. [REDACTED] resisted the takedown by pushing away from HAUSCARRIAGUE. Both HAUSCARRIAGUE and [REDACTED] lost balance, picked up momentum and slammed into the West cement wall. He saw both of their heads contact the wall.

Ofc. Becerra and HAUSCARRIAGUE stabilized the patient on the ground as Ofc. Truong [REDACTED] continued to threaten harm to the officers. Ofc. Truong noticed that HAUSCARRIAGUE appeared dazed. HAUSCARRIAGUE [REDACTED] injuries were photographed. [REDACTED] and HAUSCARRIAGUE were transported to an outside medical facility for further evaluation.

Ofc. Truong interviewed Psychologist [REDACTED]. She said she was sitting in her office near Unit T-13, when she heard a PDAS activation coming from the courtyard. She ran to the courtyard and saw officers attempting to take down [REDACTED]. She saw and heard [REDACTED] head hit the wall. She saw officers holding him on the ground. She said [REDACTED] never lost consciousness and she heard him continue to threaten staff. [REDACTED] said she only viewed the incident from a distance because staff were already on scene.

SUPPLEMENTAL REPORT 17030418 DETECTIVE (DET.) ROSS TWEEDY

Det. Tweedy was one of the officers that responded to the courtyard due to a PDAS activation. He observed [REDACTED] standing on the other side of the locked entrance fence. [REDACTED] was pacing back and forth along the fence, breathing deeply with his fists clenched. [REDACTED] was not acknowledging police commands. The patient yelled obscenities.

Ofc. Donaldson ordered [REDACTED] away from the gate. He yelled obscenities again and walked away from the fence towards the west wall. Det. Tweedy unlocked the fence. [REDACTED] kicked a ball and a chair with a "great amount of force." He continued to yell and had his fists clenched, jaw clenched and his arms were rigid.

HAUSCARRIAGUE entered the courtyard and ordered [REDACTED] to stop walking away. The patient began to turn towards HAUSCARRIAGUE while stating, "I am going to kill you Officers!" HAUSCARRIAGUE approached [REDACTED] and attempted to contain him by grabbing [REDACTED] waist with his arms to take him down to the ground. During the containment attempt, both HAUSCARRIAGUE and [REDACTED] impacted with the cement wall. He saw [REDACTED] face hit the wall and the officer's head hit the wall. Officers [REDACTED] [REDACTED] Ofc. Tweedy said he stood by and had staff and patients back up from the incident to secure the scene.

He said the [REDACTED] and HAUSCARRIAGUE were taken to an outside medical facility for treatment.

SUPPLEMENTAL REPORT 17030418 HPO STUART DONALDSON

Ofc. Donaldson reported on March 21, 2017, a Sergeant notified officers that [REDACTED] told a LOC staff member that he was going to kill a police officer in order to go back to county jail. Ofc. Donaldson spoke with [REDACTED] that evening and [REDACTED] told him that he, "Wanted to kill someone and was not afraid to kill police..." [REDACTED] said he could "kill you motherfuckers."

On March 23, 2017, Ofc. Donaldson was one of the officers that responded to the PDAS alarm at the Unit T-13 courtyard. Ofc. Donaldson heard [REDACTED] yelling, "Fuck you Filipino motherfuckers!" [REDACTED] had his back towards the entrance gate and he was facing the staff that were in the courtyard. He described approximately ten staff members standing near the door entering Unit T-13 which is on the opposite side of where [REDACTED] was. There were several patients in the courtyard as well. Ofc. Donaldson ordered [REDACTED] to get away from the gate so police could enter. The patient replied, "Fuck you motherfuckers" as he complied and walked west with his fists clenched and rigid arms. [REDACTED] started to pace back and forth. Ofc. Donaldson recognized that the physical posturing of [REDACTED] was a possible pre-attack indication that he was about to act violently towards someone on the courtyard.

HAUSCARRIAGUE entered the courtyard first as [REDACTED] continued to walk westward. Ofc. Donaldson stated there were bushes located along the west wall of the courtyard. He knew that [REDACTED] had made threats to kill officers and has assaulted an officer in the past. The officer was fearful that there were possible weapons located in the bushes. HAUSCARRIAGUE ordered [REDACTED] to "stop." [REDACTED] yelled, "I'm going to kill you officers!"

HAUSCARRIAGUE attempted to contain [REDACTED] by grabbing him around the waist with his hands. His chest was against [REDACTED] back and both were facing the same direction, westward. HAUSCARRIAGUE had [REDACTED] left arm pinned to his side and he attempted to take him down to the ground on their left side. [REDACTED] used his right hand to push down the officer's shoulder to free himself from the takedown. The patient also attempted to push free from the takedown with his legs. The momentum shifted from going to the left to the right. HAUSCARRIAGUE was dragging his feet and knees to prevent [REDACTED] from gaining momentum. The momentum carried them both into the west cement wall. HAUSCARRIAGUE's head hit the wall and "snapped back." He released his control of [REDACTED] and another officer [REDACTED] [REDACTED] on the ground. Both [REDACTED] and HAUSCARRIAGUE were transported to an outside medical facility.

Ofc. Donaldson interviewed Recreational Therapist (RT) [REDACTED] RT [REDACTED] said she was with patients near the southwest corner of the courtyard. She said that [REDACTED] was yelling obscenities and a staff member activated the PDAS alarm. Police arrived on scene and [REDACTED] yelled at officers and kicked over a chair. She saw officers take [REDACTED] down to the ground and she said she did not see anything else.

Ofc. Donaldson interviewed Psychiatrist Dr. [REDACTED] Dr. [REDACTED] said he was talking to [REDACTED] in the courtyard. Dr. [REDACTED] told [REDACTED] that, due to an incident that occurred earlier in the day, he was not going to be allowed to attend group the next day. [REDACTED] stood up and said that he was not going to be a nice guy. He kicked a chair twice and kicked the courtyard gate. Dr. [REDACTED] said [REDACTED] was agitated and when a staff member asked the doctor if she should pull the alarm, he said that she should. [REDACTED] cursed at staff members. Dr. [REDACTED] heard a staff member (unidentified) ask [REDACTED] if he wanted medication to help calm down.

[REDACTED] replied, "Yes." Dr. [REDACTED] then went into the unit to prepare medication and to open the seclusion room for [REDACTED]. He said he did not witness any of the interaction between [REDACTED] and the police.

SUPPLEMENTAL REPORT 17030418 HPO MICHAEL NELUM

Ofc. Nelum was responsible for taking photographs of HAUSCARRIAGUE after the incident.
[REDACTED]

SUPPLEMENTAL REPORT 17030418 HPO CURTIS BRANDT

The report just advised that the officer went to the hospital to get a list of [REDACTED] injuries for the report.

SUPPLEMENTAL REPORT 17030418 HPO JAMIE DAVIES

Ofc. Davies worked with Detectives on March 24, 2017. She conducted an audio recorded interview of [REDACTED] and summarized the interview in her supplemental report. I further summarized her report below:

[REDACTED] said the police harass him daily. He said he does not like officers and he will get even with them someday. He said he swore that he would return to the hospital and bomb it. [REDACTED] also said that if (police) do not leave him alone he will kill one of them. He said he would kill the officer with his hands by choking the officer to death.

Ofc. Davies asked [REDACTED] about the incident between him and officers on March 23, 2017. He said, "I would have killed one yesterday in order to go back to prison or jail." He said he will kill anyone who gets in his way from now on. He said if he had a gun during the incident he would have killed everybody.

[REDACTED] stated officers jumped him from behind and ran him into the wall. He said if he saw the officer again, he would go after him "with a vengeance" and the officer should never come back to Unit T-13. [REDACTED] explained he had thirty years of martial arts experience and that officers will never be able to harm him.

Detective MCCULLOUGH then arrested [REDACTED] a few hours after the interview and he was booked into the Napa County Jail.

Ofc. Davies then interviewed Ofc. Donaldson. Ofc. Donaldson elaborated on the statements he reported in his supplemental report. His statement to Ofc. Davies was relatively consistent with his report. Ofc. Donaldson also described how his prior experience with [REDACTED] came into play for the incident on March 23, 2017. He said when [REDACTED] makes statements and behaves as he did during the incident, [REDACTED] will "swing or hurt someone else." He said that officers had to intervene with [REDACTED] for the "safety of patients, staff and themselves."

Ofc. Davies interviewed HAUSCARRIAGUE later in the evening on March 24, 2017. Ofc. Davies summarized the recorded interview.

HAUSCARRIAGUE said his Sergeant briefed him two days prior to the incident that [REDACTED] had made a threat on officers' lives so he could go back to jail. He was briefed that [REDACTED] was known to make weapons.

Reference the incident, HAUSCARRIAGUE said that he responded to a personal alarm on Unit T-13. He said that staff activate their alarm when they are in distress, need help or fear for their safety.

HAUSCARRIAGUE heard [REDACTED] yelling when he approached the Unit T-13 courtyard. He saw that there were multiple staff inside the courtyard with [REDACTED]. Prior to the courtyard gate being opened, he noticed that [REDACTED] was "agitated", his fists were clenched and he was "pacing around." HAUSCARRIAGUE noticed that staff were not near the patient. He said that indicates that the staff are in fear for their safety. He said normally during a personal duress alarm, staff are trying to talk to the patients. HAUSCARRIAGUE said he did not know what happened prior to his arrival. He said he did not know whether or not an assault had occurred, or whether or not [REDACTED] had a weapon. HAUSCARRIAGUE said he wanted to keep the staff in the courtyard safe and the only way to do that was to go into the courtyard to gain control of [REDACTED]. He said that [REDACTED] had his back to officers when they entered the courtyard. [REDACTED] had his fists clenched, he was still yelling and he kicked a ball on the ground. He said he did not know if [REDACTED] had a weapon in his hands or on his person. He did not know if the patient had weapons anywhere near him. He did not know if [REDACTED] was searched prior to entering the courtyard. He said that when [REDACTED] kicked the ball, he believed [REDACTED] was going to turn around to fight officers.

HAUSCARRIAGUE believed a ground control was the safest and quickest way to control [REDACTED]. He made that decision due to [REDACTED] potentially having a weapon and the threats he was making. He said he was concerned for the safety of everyone. [REDACTED] was agitated and was not calming down.

[REDACTED] "clenched up." He intended to take [REDACTED] to the ground, but it did not happen. He said that [REDACTED] went towards the wall instead of the ground. He said it could have been as a result of the patient resisting him, but he could not be sure. He was asked if other officers may have remembered the event better. HAUSCARRIAGUE said that he could not remember some details of the incident because of the [REDACTED]. He did not remember if [REDACTED] made any threats. He said when his head hit the wall [REDACTED]. He remembered asking [REDACTED] if he was okay and [REDACTED] told him he was not okay. [REDACTED] continued to threaten to kill officers after he was placed on a gurney.

HAUSCARRIAGUE described his own [REDACTED]. He said he initially thought he was okay. [REDACTED]

SUPPLEMENTAL REPORT 17030418 HPO TERENCE MCCULLOUGH

This report further documented the interview he assisted Ofc. Davies with when she completed her supplemental report. He expanded on the interview with [REDACTED] went on with

detail that he desired to kill police officers. He added that he had military experience and knew how to kill people. He also said he would kill HAUSCARRIAGUE if he gets a chance.

NSH INCIDENT REPORT 17030419 (EXHIBIT 4)

This March 23, 2017 information- use of force report references the criminal investigation NSH 17030419. The report includes a collection of the original report and supplements. There were specific use of force questions addressed in the report that were not included in the criminal report.

There was a supplemental report written by Ofc. Ross Tweedy. It contained three staff interviews that were not contained in the criminal report. The three staff interviewed were Social Worker (SW) [REDACTED] RN [REDACTED] and Dr. [REDACTED]

SW [REDACTED] stated she was out on the courtyard and she assisted Dr. [REDACTED] in discussing unit restrictions with [REDACTED] became upset and refused to go back into the unit. She did not remember any statements he made but he was being aggressive and vulgar.

She saw [REDACTED] kick chairs prior to arrival of HPO's. SW [REDACTED] was not asked anything about the use of force incident she witnessed. She commented that the officers did not have a lot of room and they had to make a split second decision. She said she was aware that [REDACTED] had been threatening staff.

RN [REDACTED] stated he responded to the courtyard because a PDAS alarm had been pulled. He said he arrived in the courtyard and [REDACTED] was already [REDACTED]

Dr. [REDACTED] stated that he also responded to an alarm in the courtyard. He arrived on scene and [REDACTED] was already on the ground and contained by police.

REVIEW OF NSH REPORT 17010122 (EXHIBIT 5)

Per my request, Sgt. Jared Burk provided NSH 17010122 to me via email on April 26, 2017.

The report was dated January 24, 2017. It described an incident where police responded to a PDAS alarm. [REDACTED] was in a seclusion room at the time. He was agitated and punching and kicking the door. Officers Ross Tweedy and Marc Avecilla entered the room and contained him against the wall. [REDACTED] used the back of his head to head-butt Ofc. Avecilla's right temple. There were no visible injuries and the officer did want to press charges against [REDACTED]. Case was closed.

There were no witnesses identified or interviewed for this incident per the original report.

REVIEW OF NSH REPORT 16121688 (EXHIBIT 6)

Per my request, Sgt. Jared Burk provided NSH 16121688 to me via email on April 26, 2017.

The report was dated December 20, 2016. [REDACTED] was charged with PC 417(a)(1), exhibit a deadly weapon, non-firearm and 148(a)(1), resisting a peace officer. There were numerous

officers and LOC staff that witnessed the event. The reporting party was PT [REDACTED] the shift lead. She said she heard [REDACTED] yelling in his room. She went into his room to try to de-escalate the situation. [REDACTED] knocked his personal radio to the floor. PT [REDACTED] feared for her safety and went into the nurse's station.

[REDACTED] came from his room with three broken pieces of the radio antennae in his right hand. He stood in front of the nurse's station and yelled obscenities at the staff. LOC staff tried to direct him to give up the antennae pieces but he initially refused. He eventually discarded some of the antennae pieces but he held onto a "big piece" and was waving it at the staff while he was "talking shit." The PDAS was pulled at that time. It was unclear but it appeared as though [REDACTED] gave up some of the pieces upon staff request.

Officers arrived on the unit to assist. [REDACTED] still had the antennae pieces in his hands and when he was ordered to place them on the ground, he clenched the pieces in his right clenched fist, raised his fist chest level and "took a postured stance." After several more orders to drop the weapon, Patient [REDACTED] complied and he was [REDACTED] without further incident.

LOC staff stated [REDACTED] gave up two of the three antennae pieces, which would have left him with one antennae piece. HPO's reported that they were responsible for [REDACTED] giving up antenna pieces. It is unclear how many pieces [REDACTED] actually had. There were eight witnesses identified in the criminal report but it appears that only one was interviewed in the initial report. The case was forwarded to the Napa DA's Office for review.

REVIEW OF MEDICAL/NURSING DOCUMENTATION (EXHIBIT 7)

On May 4, 2017, Ofc. Davies provided me with several medical records via email that I had requested.

Nursing notes documented the behavioral incident that [REDACTED] had on March 23, 2017 that resulted in use of force by HPO's. One of the interdisciplinary notes (IDN's) was authored by RN [REDACTED] on March 23, 2017, at 2150 hrs. There was information in the IDN that was missing and/or inconsistent with the information summarized in her statement to police. For example, RN [REDACTED] wrote in the IDN that officers instructed [REDACTED] to move towards the courtyard wall. [REDACTED] complied with the officers but continued to curse and scream at staff. [REDACTED] struggled when approached by HPO's and they ended up on the ground. [REDACTED] continued to struggle with them prior to [REDACTED]. This IDN was later lined out as an error and a different IDN was written. This statement was then lined out as an error.

RN [REDACTED] wrote a new IDN on March 24, 2017 that provided new details. She mentioned that the new details were provided to her by other staff. She added that [REDACTED] was verbally aggressive towards HPO's. He cursed out, "Fuck you CHP! You're gonna have to come get me!" An HPO tried to stabilize [REDACTED] against the wall and he continued to struggle. Four HPO's and [REDACTED] then fell to the ground. Despite multiple orders to calm down, [REDACTED] continued to struggle with HPO's.

PT [REDACTED] wrote an IDN on March 23, 2017 at 1049 hours to document a behavioral incident with [REDACTED] the morning of the incident. [REDACTED] became upset over a misunderstanding between him and his medical team. He became very angry and aggressive.

He had pressured speech and screamed at staff. He cursed at staff, argued with them and told them he was not going to cooperate with staff anymore and he challenged them. An alarm was pulled and additional staff and officers responded to assist. Even though he verbally refused to go to a seclusion room he physically went without any physical force used by staff. Staff continued to talk with him and he was able to calm himself down. He was not given any medication and he was not restrained in any way during the incident.

There were miscellaneous medical notes I was able to review that documented [REDACTED] return to NSH from Queen of the Valley Hospital. The notes indicated that [REDACTED]
[REDACTED]

AUDIO INTERVIEW BETWEEN HPO DAVIES AND [REDACTED] (EXHIBIT 8)

The interview was approximately an hour in length. The summary Ofc. Davies provided was consistent with some of [REDACTED] statement. However, there was information in his statement that was not documented. Most of the information excluded from the summarized interview was regarding [REDACTED] complaints of excessive force by HPO's and his recollection of the events that transpired. His statement provided information that was in direct conflict with how the HPO's reported the incident. For example, [REDACTED] stated that an HPO wrapped both arms around his upper body so that both of his arms were "pinned" by the officer's arms. He then described an Officer slamming his [REDACTED] head into the wall.

It was apparent in the interview that [REDACTED] wanted to discuss the use of force and physical altercation between him and HAUSCARRIAGUE but the investigator would change the subject to discuss their criminal case against [REDACTED]

AUDIO INTERVIEW BETWEEN HPO DAVIES AND HPO HAUSCARRIAGUE (EXHIBIT 9)

The interview was consistent with the summary provided by Ofc. Davies in her initial supplement.

AUDIO INTERVIEW BETWEEN HPO DAVIES AND HPO DONALDSON (EXHIBIT 10)

The interview was consistent with the summary provided by Ofc. Davies in her initial supplement.

NAPA STATE HOSPITAL PATROL LOG MARCH 21, 2017 (EXHIBIT 11)

Per my request, Sgt. Jared Burk provided the patrol log me via email on April 26, 2017.

There was an entry at 2025 hrs, indicating that officers were briefed about LOC staff hearing [REDACTED] say that he was going to kill an officer so he could go back to jail.

NAPA STATE HOSPITAL REGISTRANT REPORT FOR [REDACTED] (EXHIBIT 12)

Per my request, Sgt. Jared Burk provided [REDACTED] Hospital Registration Report to me via email on April 26, 2017.

NSH Registrant Report for [REDACTED] completed on November 21, 2009. This form is used when patients are admitted to the facility. It provides the patients basic identifying information and includes information regarding why he was admitted to the hospital. The information was similar to a criminal record or Rap sheet. In general, there have been numerous arrests and convictions in the past for [REDACTED]

MEDICAL REPORT HPO HAUSCARRIAGUE REFERENCE HIS [REDACTED] (EXHIBIT 13)

On May 3, 2017 Sgt. Jared Burk emailed HAUSCARRIAGUE's medical documentation per my request.

I only received page one of nine pages. It was dated March 23, 2017. It was for HAUSCARRIAGUE and was from Queen of the Valley Medical Center. HAUSCARRIAGUE was seen for [REDACTED]. It mentions that he received some discharge instruction for a [REDACTED]. No other detail was provided.

MEDICAL REPORT FOR [REDACTED] REFERENCE HIS INJURIES (EXHIBIT 14)

On May 3, 2017 Sgt. Jared Burk emailed [REDACTED] medical documentation per my request.

I only received page one of twelve pages. It was dated March 23, 2017. It was for [REDACTED] and was from Queen of the Valley Medical Center. [REDACTED] was seen for closed [REDACTED]

[REDACTED] No other detail was provided.

PROBABLE CAUSE STATEMENTS, NAPA COUNTY DA FOR [REDACTED] ARREST (EXHIBIT 15)

On May 3, 2017, Sgt. Jared Burk emailed the arrest forms submitted to Napa County District Attorney's Office for the arrest of [REDACTED]

One of the forms was completed by Ofc. Becerra on March 23, 2017. [REDACTED] had not been arrested yet. The case number on the form was for an unrelated case (17030417) but it was clear that the information provided was for NSH 17030418. The arrest box was not checked. The detention box and release per 849(b) PC box was not checked either.

Ofc. Becerra provided a probable cause statement and signed under penalty of perjury that the information was true and correct. In the statement he described that [REDACTED] was given lawful police commands to stop and he did not comply. He also threatened to kill officers. An officer "tackled" [REDACTED] and he resisted by pushing on the officer's shoulder. The resistance "forced them to run" into a wall and an officer received a [REDACTED]

The second form was completed by MCCULLOUGH on March 24, 2017. MCCULLOUGH was listed as the arresting officer. He did an "on view" arrest of [REDACTED] on March 24, 2017 at 1431 hrs. [REDACTED] was booked into the jail at 1500 hrs.

MCCULLOUGH provided a probable cause statement and signed under penalty of perjury that the information was true and correct. His statement was similar to Ofc. Becerra's with some subtle differences. He also reported that [REDACTED] was given lawful police commands to stop and he did not comply. [REDACTED] threatened to kill officers. [REDACTED] did not respond to continued lawful police orders. An officer "attempted to contain" [REDACTED] and he resisted the officer by pushing on the officer's shoulder. The resistance "forced the officer's head" onto the cement wall and the officer received a [REDACTED]

[REDACTED] PRE-ARREST CLINICAL REVIEW AND RECOMMENDATIONS (EXHIBIT 16)

On May 3, 2017 Sgt. Jared Burk emailed [REDACTED] medical documentation per my request.

The form was written by Dr. [REDACTED] on March 24, 2017. It was a six page document that outlined [REDACTED] pertinent history up to and including the incident on the courtyard. Dr. [REDACTED] indicated the treatment team and program management strongly recommended [REDACTED] be housed at Napa County Jail and not NSH.

[REDACTED]

STAFF ROSTER AND PATIENT LIST FOR UNIT T-13, MARCH 23, 2017 (EXHIBIT 17)

On June 8, 2017, NSH Lt. Michael Smith provided me with the staff roster and patient list for unit T-13 on the day of the incident per my request.

The staff roster indicated the following staff were on duty for the incident: Senior PT [REDACTED], PT [REDACTED] PT [REDACTED] RN [REDACTED] RN [REDACTED] and PT [REDACTED]

UNIT T13 COURTYARD PATIENT COUNT, MARCH 23, 2017 (EXHIBIT 18)

On July 20, 2017, during an interview with RN [REDACTED] I was provided with the courtyard census for unit T-13 for March 23, 2017. The census lists all of the T-13 patients and indicates which patients were out on the courtyard and at what times they were on the courtyard. During the time slot for 1515 hrs it showed that approximately 26 patients were out on the courtyard that possibly witnessed the incident with [REDACTED]. Since patients are able to come and go from the courtyard during their breaks, you cannot determine with certainty who was on the courtyard during the incident. [REDACTED] was also marked as being out on the courtyard prior to the incident.

PRELIMINARY PDAS INFORMATION FOR T-13, MARCH 23, 2017 (EXHIBIT 19)

On June 20, 2017 I received six screenshots of PDAS information from the Unit T-13 courtyard for March 23, 2017. The information was provided per my request by Lt. Michael Smith. Lt. Smith advised that there is a margin of error by approximately ten feet inside a building and twenty five feet outside of a building.

The screenshots indicated that PT [REDACTED] pulled her PDAS alarm at approximately 1545 hrs. The rest of the screenshots show where LOC staff were at the time of the alarm pull and the HPO's response to the incident as well. The cross sections provided to me were of too large of a section

of time for me to evaluate the flow of staff in and out of the scene from the beginning to the end of the incident. On July 17, 2017, I put in an additional request for more detailed PDAS information.

DETAILED PDAS INFORMATION FOR T-13, MARCH 23, 2017 (EXHIBIT 20)

On August 9, 2017 I received a CD-Rom from Lt. Michael Smith. It contained the detailed PDAS screenshots I had requested. There were two folders within the CD-Rom: T13 and T13 Courtyard.

The T13 folder contained screenshots of staff locations inside the T13 building, in 15 second intervals, from 1545 hrs to 1555 hrs.

The T13 Courtyard folder contained screenshots of staff locations outside in the T13 courtyard, in 15 second intervals, from 1545 hrs to 1555 hrs.

PICTURES TAKEN FOR ORIGINAL REPORT NSH 14030418 (EXHIBIT 21)

I had requested the original pictures taken during the incident. They were not attached to the original report when it was sent to OLES. On August 9, 2017, Sgt. Jared Burk provided me with two CD-Rom's. CD-Rom #1 contained the pictures of HAUSCARRIAGUE's injuries. CD-Rom #2 contained the pictures of [REDACTED] injuries while in the courtyard. It also contained a picture of a cement wall with what appeared to be blood smears on it. There were also several pictures of [REDACTED] that appeared to be taken while he was in a medical treatment room.

SCHEMATIC OF T-13/T-14 LOWER LEVEL BUILDINGS AND COURTYARDS (EXHIBIT 22)

Shows the orientation of buildings and the Unit T-13 Courtyard.

INTERNET SEARCH OF MIKE HAUSCARRIAGUE (EXHIBIT 23)

On June 14, 2017, Inv. Davis conducted an internet search for Michael HAUSCARRIAGUE. Inv. Davis located a high school ranking for "Mike HAUSCARRIAGUE" at Justin-Siena High School in Napa, Ca. He was on the varsity football team in 2009. The position he played was OL (possibly offensive line) and LB (possibly linebacker).

Inv. Davis also located a Napa Valley Register online article about a football game in December 2009 where Fort Bragg High School played Justin-Siena High School. One sentence mentioned Mike HAUSCARRIAGUE providing blocks that resulted in a touchdown.

PHOTOS AND PHYSICAL DESCRIPTION OF INVOLVED HPO'S (EXHIBIT 24)

Per my request, NSH Investigator Jesse Gallegos provided me with the photographs and physical descriptors of HAUSCARRIAGUE, Ofc. Becerra, Ofc. Truong, Ofc. Donaldson and Ofc. Tweedy.

DEPARTMENT STATE HOSPITAL (DSH) POLICY AND PROCEDURES REGARDING USE OF FORCE (EXHIBIT 25)

Special Order No 912.04 is regarding Law Enforcement Intervention. It helps define terminology regarding TSI and use of force and also helps define the roles of LOC staff and HPO's.

DSH Policy 300 addresses HPO use of force and DSH Policy 304 addresses control devices and techniques.

NAPA STATE HOSPITAL PATROL LOG MARCH 23, 2017 (EXHIBIT 26)

The patrol log mentions the incident with [REDACTED] in the courtyard. It also identifies all HPO staff and Sergeants that were present for the shift that day.

ADDITIONAL MEDICAL RECORDS LOCATED FOR [REDACTED] (EXHIBIT 27)

On Aug 22, 2017, I went to Unit A3 to obtain [REDACTED] medical record. I conducted a brief review of the chart and located additional information between January 20, 2017 and April 27, 2017.

I reviewed a form that documented [REDACTED] medical conditions that was updated January 15, 2017.

A Physician Order on January 20, 2017 documented behavior by [REDACTED]. He was described as kicking, banging doors, verbally abusive and threatening to kill staff. [REDACTED] [REDACTED] and there is no indication of any TSI or force used against him. To be released, he needed to be calm, redirectable and agree to not harm staff, self or others. He replied, "Fuck you, I will kill you all." [REDACTED] was later released [REDACTED]

There was a Physicain Progress Note dated March 23, 2017 1025 hrs. It states, "Patient made threats to physically injure T-13 Psychiatrist if Psychiatrist 'bugs (him) again.' Patient used racist language when describing the Psychiatrist."

An IDN dated between March 21 and March 22, 2017 documents [REDACTED] behavior between those times. Interestingly, there is a note written that is not dated or timed. It is written though just prior to another nursing note March 21, 2017 at 1900 hrs. The undated note states HPO's reported that they spoke with [REDACTED] about an incident that occurred "yesterday". HPO's reported "someone" overheard [REDACTED] threatening to kill an HPO. HPO also said they talked to [REDACTED] about it and he became agitated.

The rest of the notes basically indicate that [REDACTED] was calm and cooperative prior to the date of the incident.

A Physician's Monthly Summary was written on March 23, 2017 at 1818 hrs by Dr. [REDACTED] which described some of [REDACTED] medical and psychiatric history, along with a description of the courtyard incident.

I also obtained the Imaging Service results from Queen of the Valley Hospital regarding [REDACTED] [REDACTED] on March 23, 2017.

On April 27, 2017, DSH Dr. [REDACTED] and Dr. [REDACTED] signed the PC 1026 Court Report regarding [REDACTED] incarceration at Napa Co. Jail.

BOOKING PHOTOGRAPH OF [REDACTED] MARCH 24, 2017 (EXHIBIT 28)

On August 24, 2017, I obtained a copy of [REDACTED] booking photo and offender information from the Napa County DA's Office.

PHOTOGRAPHS TAKEN BY INVESTIGATOR DAVIS (EXHIBIT 29)

My department issued digital camera was used to take 28 photographs. They were saved numerically starting with the #5. Images numbered 5-7 were taken of [REDACTED] on June 6, 2017. Images 8-17 were taken of the Unit T-13 Courtyard June 13, 2017. Images 18-32 were taken of the courtyard on June 18, 2017.

OLE'S NOTICE AND ADMONISHMENT FORMS (EXHIBIT 30)

OLE'S DIGITALLY RECORDED INTERVIEWS (EXHIBIT 31)

INTERVIEWS:**OLE'S INTERVIEW OF [REDACTED] AT NAPA COUNTY JAIL**

On June 6, 2017, Investigator Davis, assisted by Investigator Brad Jones, conducted a digitally recorded interview of [REDACTED] at Napa County Jail. It should also be noted that [REDACTED] was found mentally competent to stand trial reference NSH 17030418. The following is a summary of the information obtained during the interview:

When [REDACTED] was brought to the interview room, I observed that he was clean and well groomed. His overall demeanor was calm and respectful. He spoke clearly during the interview. [REDACTED] responded and answered my questions appropriately. This was in contrast to the recording I listened to where [REDACTED] was being interviewed by NSH Detectives. During the first NSH interview with Ofc. Davies, [REDACTED] sounded very agitated; he spoke rapidly and in a high pitch at times, and sounded obviously upset.

[REDACTED] was not accompanied by anyone in the interview room. We identified ourselves to him and advised him that the interview was being digitally recorded. I made it clear to him that he was being interviewed as a victim and he was not being interviewed as a suspect in his criminal case. I told [REDACTED] that I reviewed his recorded interview with NSH officers and I wanted to ask him more about his allegation that an HPO may have used unnecessary or excessive force. [REDACTED] understood and he wanted to provide a statement to me. [REDACTED] identified himself verbally to me. He knew he was at Napa County Jail. He knew that Donald Trump was the President and the year was 2017. He knew he was in jail for assaults on police officers and added that depending on how the incident was written by police, he could be held responsible for those crimes.

[REDACTED] said he was a patient at Napa State Hospital on March 23, 2017. He was a patient on unit T-13. He was in the T-13 courtyard for picture day. He estimated at least 20 patients were out on the courtyard during the incident. He remembered T-13 patients [REDACTED] (Roomate), and [REDACTED] were witnesses. He remembered a Unit Supervisor named [REDACTED] was present for the incident along with Dr. [REDACTED], Social Worker [REDACTED], a "Rec Therapist", and his Filipino Psychiatrist.

I asked him about the verbal exchange between him and his Psychiatrist (Dr. [REDACTED]) before the incident occurred. He said Dr. [REDACTED] wanted to give [REDACTED] a medication that had undesirable side effects. [REDACTED] was upset because his older medication worked better. [REDACTED] said he was offered medication to calm down but he did not want to take it. He said the staff was then going to put him in restraints. He said they could put him in restraints. Then the officers entered the courtyard through the gate. He said an "idiot on steroids, six foot something, 250 pounds, tackled me from behind and threw me into the cement wall face first!" [REDACTED] voice got high pitched and he started to tear up.

I wanted [REDACTED] to provide more detail about his behavior prior to the physical altercation with HAUSCARRIAGUE. He described himself as "very upset" during his conversation with Dr. [REDACTED]. I asked him if he made any threats to the staff. He said he did not make any threats to the doctors but he did make threats to HPO's.

I asked him if an alarm was pulled that resulted in police coming. He believed an alarm was pulled. He then added that the HPO's responded from a building near the courtyard and his

opinion was that HPO's enjoy going from unit to unit, to beat up on patients. He said when staff pull the alarm, HPO's are supposed to arrive and assist staff with getting patients into a seclusion room or to get a patient under control. He believed the HPO's that he dealt with only want to beat up patients, put them in restraints and then move on to the next unit.

I asked him if he could describe the HPO that tackled him. He did not know his name. He described him as a large white male in his 30's. He did not know any of the HPO's names. He believed seven or eight HPO's responded to the courtyard. I asked him to describe how he threatened the HPO's he said he told them someone was going to make a movie about them called "The Dirty Dozen." He told the HPO's they could beat him up and take him to the hospital but someday he would get even with them. He said he threatened to blow up the HPO building with grenades and dynamite.

[REDACTED] said patients are not regularly patted down prior to going out on the courtyard. He said he was searched the night before the incident and the morning of the incident. He said he had been getting searched regularly for about a week prior to the incident. [REDACTED] said the only thing he had on the courtyard during the incident was a small handheld Walkman with a built-in antenna in his left hand. He believed his other hand possibly was clenched during the incident. He had only one of his earbuds in his ear because "it's the rules." He further explained that he can only have one ear bud in when there are other things going on in the courtyard.

I asked him if patients hide weapons on that courtyard. He said only the "idiots" do that because the staff are smarter than the patients and the HPO's are "next door." I asked him if he puts weapons out on the courtyard. He said he does not and he stays "legal." He then said, "Legal gets you out of that place. Illegal sticks you back." He added he was so close to being released to independent living several times but due to a murder at NSH and several other situations including the most recent, he never gets released.

I had [REDACTED] describe the physical altercation with HAUSCARRIAGUE. He said he was sitting on a bench near the gate. The HPO's told him to move away from the gate prior to entering the courtyard through the gate. He complied and thought to himself, "This guy is gonna talk to me or put me in seclusion." He said the officer then came at him quickly, wrapped him up and took him into the wall. He said the HPO was trying to kill him. [REDACTED] got visibly emotional again. I asked him if HPO's gave him any other directions or orders. He said, "Just to move away from the bench." I asked if anyone, including HPO's attempted to talk with him after he moved away from the bench. He replied, "Nope."

[REDACTED] said his back was to the HPO's as he walked to within five or six feet of a cement wall. This was where the HPO directed him to move to. I asked him again if staff and HPO's talked prior to the altercation and he said he did not know because it happened so fast. I asked him if one officer tackled him. He said, "As far as I know, to my knowledge, that big guy took me out." He did not actually see the HPO that tackled him. I asked him if he at least saw the HPO's arms during the tackle. He said the HPO grabbed him with both hands, squeezed him tight and then drove him hard into the wall. [REDACTED] demonstrated with his body that both of his arms were pinned to his side when he was tackled from behind. He was not able to free any of his arms from the grasp. He was not able to protect his own face from hitting the wall. He added that his Walkman flew from his hands. I asked if the HPO lifted him up off the ground. He said he was slightly off the ground. I asked if he recalled if the HPO said anything to him during the contact. [REDACTED] paused for a moment and then replied, "I thought I heard him say 'three days of this shit'

or something like that." [REDACTED] explained that he and the HPO's had been harassing each other for the last three days.

I asked [REDACTED] if he has reviewed the police reports written by HPO's. He explained he could not because he did not have his glasses. He said his attorney had discussed things with him a little bit. I told him to answer several True or false questions. I told [REDACTED] the report said he had one arm free during the takedown. He replied quickly, "False!" I told him the report said he had one arm free and he was able to use it to break away from the HPO's grasp. He said that was false. He also said he did not push the HPO away during the takedown, resulting in them hitting the wall.

I asked [REDACTED] if he knew whether or not the HPO that tackled him also hit his own head. He said he wouldn't doubt that the HPO came "flying" off him and hit his own head. I had him describe his own injuries.

[REDACTED] I had him open his mouth and show me his teeth.

[REDACTED] He said his teeth were in good condition

prior to the incident.

[REDACTED] He said he told the HPO's, "Kill me. Might as well kill me." I took several photographs of [REDACTED] which were later attached to the report and placed onto a CD-Rom (Exhibit 29).

I asked him about being [REDACTED] when he was on the ground. He said HAUSCARRIAGUE was on top of him while they were on the ground. HAUSCARRIAGUE was conscious and talking to Firemen that responded. He remembered one of the Firemen was named "Peter." [REDACTED] did not recall who [REDACTED] him. I asked him if any HPO's struck him, punched him or kicked him at all after he was tackled the one time. He said, "No." He again said all of his injuries were from striking the wall one time when he was tackled.

I asked [REDACTED] to talk about something I believed he might have said several days prior to the incident. I told him I heard he said he was going to kill an officer to go back to jail. Before I could finish my question, he replied, "No." He clarified that he said, "I want to hurt somebody to get me back to jail so I could get a trial. Not an officer." He said he meant he wanted to hurt another patient or staff member. I asked him why he wanted to do that. He said that was the only way his case could be heard. He started to get emotional and expressed frustration that he believes the only way he could get out of Napa Hospital was to commit a crime.

I asked him if his relationship with staff was different after he made the above threats. He said they knew he was just kidding and he and the staff were getting along just fine. [REDACTED] said the HPO's would say anything they needed to "stick it" to him if they wanted to. I asked [REDACTED] if he has ever headbutted an HPO while going into seclusion. He said he has and when he did, the situation only got worse for him. I asked him about a past incident where he broke a radio antenna. He said he broke his own radio. He said he handed the antenna over to the nursing staff but the police made up the fact that he used it as a weapon.

I told him that my understanding of [REDACTED] historical behavior is that he will yell and get upset but he generally follows staff orders. [REDACTED] said [REDACTED] and [REDACTED] could attest to his history at Napa. He said staff would tell me that he is a "good guy." He said he hoped

that I could see him for who he really is because at (NSH), "If you are in khakis you are a piece of shit." I asked him if he had problems with HPO's in the past. He said he and HAUSCARRIAGUE had recently been threatening each other. He has been telling [REDACTED] he will put him in order if he gets out of order, he will "take care of" [REDACTED] and he will "toss" [REDACTED] room any time he feels like it. He said the two of them have been bantering back and forth for a couple months.

INTERVIEW WITH DR. [REDACTED]

On June 30, 2017, Investigator Davis, assisted by Investigator Brad Jones, conducted a digitally recorded interview of Dr. [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

Dr. [REDACTED] is a Psychiatrist at NSH. He has been a Psychiatrist since 2005. He was working at NSH on March 23, 2017. He said he has been [REDACTED] assigned psychiatrist since January 13, 2017 and up until [REDACTED] was discharged from NSH and sent to Napa Co. jail. He explained he was part of [REDACTED] treatment team and said that he has the added responsibility of diagnosing and treating [REDACTED] to include the issuance of psychiatric medication if needed. Dr. [REDACTED] has consulted with medical records and other health professionals in the past regarding [REDACTED] behavioral and psychiatric history. He said [REDACTED] has been in the hospital for years and his main diagnosis was [REDACTED]

[REDACTED] has a history of being aggressive to other people.

Dr. [REDACTED] said [REDACTED] was placed under his care specifically due to an incident where he chased his previous psychiatrist. He did not believe [REDACTED] made contact or assaulted the Psychiatrist but the behavior resulted in [REDACTED] being transferred to his care.

I asked Dr. [REDACTED] to describe the difference between verbal and physical aggression. He said verbal aggression may be just words, cursing or actual threats, sometimes explicit threats as to what the person is going to do. Where physical aggression results in an attempt to assault or actually assaulting other people. I asked him if physical behaviors like facial grimacing and clenched fists are often present while someone is being verbally aggressive. He replied, "Often, but not always." He explained that physical signs are taken into account to determine a person's overall risk of assaulting others. He added physical signs like glaring, clenched fists, yelling, tense muscles, posturing or taking a step or two towards the object of their emotions as being physical manifestations of anger. These physical signs could result in physical contact or physical aggression towards one's self or others. He said it is difficult to determine whether or not physical signs of anger will result in physical assault.

I asked him for an estimate of how many times he was aware of [REDACTED] being aggressive towards others since [REDACTED] has been under his care. He said within the three-month period that he worked with [REDACTED] approximately one dozen (12) times. I asked him how many of those resulted in [REDACTED] physically assaulting other people. He said he was not aware of any physical contacts with other people. He again reminded me that when [REDACTED] chased the previous Psychiatrist, [REDACTED] did not make contact with the Psychiatrist.

I asked what usually stops [REDACTED] from assaulting people when he is being verbally aggressive and displaying physical manifestations of anger. He said usually it requires staff intervention.

He said the first thing they do is try to "talk to them, talk them down." He said that he recalls that has been successful a number of times with [REDACTED]. Sometimes though, it took more intervention with [REDACTED]. He explained that [REDACTED] was less psychiatrically stable the first few weeks he came under Dr. [REDACTED] care and he relied on giving [REDACTED] psychiatric medications to help calm him down. I asked him if [REDACTED] is usually cooperative with taking these medications. He said he did not recall [REDACTED] asking to take medication he also did not recall that [REDACTED] ever resisted taking medications that were offered to him.

I told Dr. [REDACTED] that I have read some medical documentation about [REDACTED] that seems to indicate that he usually calms himself down without having to take medications, or he takes the medications offered to him and calms down without further problems. He replied, "That is correct." He added there were times that [REDACTED] has also [REDACTED] to keep him "safe from others."

I then started to talk about what happened specifically on the date of the incident. I asked him if there was an incident that occurred earlier in the day that lead up to the incident where [REDACTED] was injured. Dr. [REDACTED] took this moment to further describe the arrangement with him and his patient [REDACTED]. He said that he works in Unit T-14 which was where [REDACTED] initially was housed. It was a co-ed unit and [REDACTED] was being inappropriate with some of the patients and possibly staff. Because of his behavior, he was transferred to a male unit, Unit T-13. Because of the rapport Dr. [REDACTED] established with [REDACTED] and [REDACTED] history of animosity and aggression towards other Psychiatrists, the program administration kept Dr. [REDACTED] as the treating Psychiatrist.

The day before the incident, Dr. [REDACTED] had gone down to T-13 and spoke with [REDACTED]. He said [REDACTED] was "cycling up a little bit, but overall he was still much better than, say, a month or two ago." The treatment team decided to give [REDACTED] an escort ratio of two to sixteen, which meant two staff members to sixteen patients. The escort ratio means a patient is "well enough" to go out of the unit. They said [REDACTED] had been doing better for several weeks preceding this incident. [REDACTED] was told that he was able to leave his unit and go to the "mall" (common area for patients within the secured treatment area) and he could attend groups. Dr. [REDACTED] further explained that if a patient has an incident, they usually wait thirty days, free from incidents, before their privilege to go to the "mall" and groups is restored. Dr. [REDACTED] said he did not know the process and told [REDACTED] in error that he was able to attend groups. The morning of March 23rd, staff told [REDACTED] that he was not able to leave his unit as Dr. [REDACTED] had told him. He told me, "Given that he [REDACTED] is not stable, he kinda lost it."

Dr. [REDACTED] did not witness what transpired when [REDACTED] was told he was not able to leave his unit on the morning of March 23, 2017. T-13 staff did discuss the incident with him though. He believed [REDACTED] was cursing at staff and upset and ended up in the seclusion room. He did not believe he was restrained but did think that he needed medication to help him calm down. Dr. [REDACTED] checked on [REDACTED] several hours after the morning incident. He said [REDACTED] was still angry but he was not as angry as he was described to be earlier in the morning. Dr. [REDACTED] decided he was going to try and talk with [REDACTED] later in the afternoon about what happened.

Dr. [REDACTED] said went back to meet with [REDACTED] and [REDACTED] was already out on the T-13 Courtyard. Dr. [REDACTED] said his main objective was to discuss adjusting some of [REDACTED] medication to address some of his recent behavior and symptoms.

I took this moment to describe the T-13 Courtyard as I understood it, to Dr. [REDACTED]. He agreed with my general description of the courtyard. He described the courtyard being approximately 100 feet across. [REDACTED] was standing near the chain link fence on the north side of the courtyard. He was looking out at some peacocks. Dr. [REDACTED] got his attention and they sat down at a bench in the courtyard. I showed him a picture of the courtyard (Exhibit 29 Image 14) which helped Dr. [REDACTED] orient himself with the layout of the courtyard. He pointed to an area on the east side of the courtyard, towards the building entrance and said that was where he had his conversation with [REDACTED] a majority of the time.

I asked him to describe [REDACTED] demeanor during the conversation. He said [REDACTED] was not hostile towards him during the entire conversation. [REDACTED] was angry and the doctor recalled warning [REDACTED] that the conversation would discontinue if he did not calm down. [REDACTED] was focused on beliefs that the staff were not taking care of him. He continued to refer to staff as "assholes", "mother fuckers" and "sons of bitches." [REDACTED] calmed himself down and they continued to talk about increasing one of his medications. [REDACTED] agreed to the adjustment. Dr. [REDACTED] added that [REDACTED] ability to calm down helped him make a determination that it was safe to continue to talk with [REDACTED] in the courtyard. [REDACTED] then got up on his own at the end of the conversation.

[REDACTED] started to walk away but stopped and asked Dr. [REDACTED] if he was going to be able to go to the mall the next day. Dr. [REDACTED] explained to me that [REDACTED] behavior earlier in the morning precluded him from going to groups until he had another 30 days of acceptable behavior. Dr. [REDACTED] told [REDACTED] that the incident disqualified him from going to the mall. [REDACTED] replied, "How could that be my fault? I was told I could go but they did not take me. That's it. I will not play the nice guy anymore." [REDACTED] walked towards the chain link gate on the north side of the courtyard. [REDACTED] kicked a plastic chair multiple times. He was yelling "Fuck you." There was a male staff member eight to ten feet away from [REDACTED]. The staff started conversing with [REDACTED] and [REDACTED] was telling him "fuck you." Another Filipino female staff started talking to [REDACTED] and he yelled, "Fuck you Filipinos." Dr. [REDACTED] did not recall that [REDACTED] postured or clenched his fists. Dr. [REDACTED] was still standing in the area that he was when he was originally talking with [REDACTED]. He said he was debating on whether or not to talk with [REDACTED] but believed it was best that he didn't because it may increase [REDACTED] anger. Dr. [REDACTED] did not feel there was a need at that point for him to assist with anything "physical at that point."

He said a female staff asked [REDACTED] if he would like to go to a side room and he stated, "Yes" in a loud voice. Dr. [REDACTED] decided to go in to the unit to alert the staff about the situation and to prepare the side room and the restraints in case he needed to be restrained. Dr. [REDACTED] believed at that time that [REDACTED] would come in to the side room on his own and take his medication. [REDACTED] was not coming in on his own though. Another female staff asked him if she should pull her alarm. He said because [REDACTED] said he would go inside but was not going in on his own he told her, "yeah, might as well." Dr. [REDACTED] said he only wanted the alarm pulled so more staff could arrive. Often, patients are more obedient with instructions when there are more staff present. Dr. [REDACTED] said that was what he was counting on happening.

I asked Dr. [REDACTED] if [REDACTED] ever had anything in his hands during their courtyard conversation. He said he did not. [REDACTED] did not have anything in his hands that resembled a weapon. Dr. [REDACTED] would not have sat with [REDACTED] if he had anything that could have been a weapon. Dr. [REDACTED] said that [REDACTED] never picked up a chair or any other item as if it was a weapon. He recalled there were "at least" a dozen patients randomly scattered in the

courtyard. He believed the other patients were taking photos with staff members. No other patients were participating in the situation.

Dr. [REDACTED] remembered three nursing staff members and two ancillary staff members being in the courtyard at the time of the incident. He identified Social Worker [REDACTED] Rehabilitation Therapist [REDACTED] unnamed Filipino female RN, unnamed male psych tech, and an unnamed female psych tech to the best of his recollection.

I asked Dr. [REDACTED] if he had been trained in TSI (therapeutic strategic interventions) and he said he had. He added all Psychiatric Technicians and RN's were trained as well. He did not know if Hospital Police were trained in TSI. He said police take over when LOC staff cannot handle a situation. I asked him if the incident with [REDACTED] in the courtyard was one that would have traditionally been handled by LOC staff and he said, "Yes." I asked if [REDACTED] was the type of patient that they (LOC staff) could use TSI on and he said, "Yes." I asked him if he had seen any behavior by [REDACTED] that would have required Hospital Police to intervene. He said, "No, not at that time." He believed the show of force would make it safer but he was not thinking of police officers taking over the scene.

Dr. [REDACTED] said he wore a PDAS. He said he did not pull it because the female staff member already looked like she was going to pull her alarm. I asked him if he would have pulled it if she had not. He paused a moment and said that he "probably" would have. He said he trusted other staff on scene to pull the alarm if they felt it was necessary.

Dr. [REDACTED] said he then went into T-13 and the other patients were still out on the courtyard. He described the patients as having the freedom to come and go on and off the courtyard. Once inside, Dr. [REDACTED] went to the seclusion room. Staff were already preparing the room and restraints. He said that emergency injectable medications have to be ordered by a physician. He had already determined that if [REDACTED] refused to take his oral medication, Dr. [REDACTED] was going to order that it be injected. He based this decision on [REDACTED] current behavior and his behavior over the last few days.

Dr. [REDACTED] said that the situation was frustrating. He said LOC staff had given [REDACTED] incorrect information. He said it did not exclude [REDACTED] from behaving appropriately but the information staff gave him resulted in him getting upset. I asked him if his history with [REDACTED] and his behavior in the courtyard made him feel that [REDACTED] was going to assault him. He said, "No." I asked him if he thought [REDACTED] was going to hurt someone else. He said he did not believe that was "imminent" but it was always possible. He compared the courtyard situation to the incident [REDACTED] had earlier in the morning as similar. He believed [REDACTED] was not going to calm down without medication.

I asked him if he recalled [REDACTED] threatening anyone in the courtyard. He said he did not recall any actual threats but remembered he was cursing at staff. He said [REDACTED] never threatened to kill him and he did not recall him threatening to kill anyone else. He then added that [REDACTED] has a history of threatening to kill people but he could not provide details. He has personally witnessed [REDACTED] threaten to kill other people but he has never witnessed [REDACTED] actually attempt to physically assault anyone. I asked him more about the death threats of [REDACTED] and he replied, "We get those types of threats all the time." He did not want to say that it wouldn't happen and said it is a question he cannot really answer because it (physical violence) was possible. Dr. [REDACTED] said his experience with [REDACTED] was that he has verbalized that he

wanted to kill others on multiple occasions and it had yet to translate into a physical behavior. He said [REDACTED] had a tendency to make threats without physically acting upon them.

I asked him how long he was inside the unit. He said two minutes. [REDACTED] did not come in so he went back out to see why [REDACTED] was not coming into the room. He came out and saw that [REDACTED] was now prone on the ground, [REDACTED] with several officers standing over him. He said they were 6 feet to the left (west) of the chain link fence. He said [REDACTED] was close to the cement wall and the ground in the area was dirt. He was concerned for [REDACTED] because he was prone. He did not recall if [REDACTED] was [REDACTED]. Dr. [REDACTED] walked towards him and noticed that [REDACTED] was yelling and cursing at Officers, which reassured him that [REDACTED] was conscious and breathing. He said he did not see [REDACTED] struggling with officers at that point. Officers did not use any force on [REDACTED] in front of him. They were holding him down but no one was on top of him. The officers eventually sat [REDACTED] up.

Dr. [REDACTED] said a Sergeant approached him in the courtyard. He described him as a white male in his thirties. Dr. [REDACTED] said the Sergeant came to him and, "without me asking what happened, he explained the situation." I asked him what the Sergeant explained to him. He said he was told that once police put hands on the patient he flinched and struggled and they tried to hold him. In the process of the struggle, the momentum carried the patient and police officers into the wall. He was told that an officer hit his head as well and may have received a [REDACTED]

He was then asked if he knew that [REDACTED] was threatening to kill officers a couple days ago. He said he did not know that and he did not believe any other staff in T-13 were aware of that as well. I asked him if he found it odd that they told him that. He said he would have liked to know that information and it was odd to him that he didn't know about it and did not think the staff knew. He also said he does not always get information communicated to him by police. I asked him if knowledge of that information would have changed how he treated [REDACTED]. He said it would not and he did not see it as any different than threats [REDACTED] has made to clinical staff. He explained it as being part of his recent behavior.

I asked him if he tended to [REDACTED] in the courtyard. He remembered at that time that another psychiatrist, Dr. [REDACTED] was on scene when Dr. [REDACTED] returned to the courtyard. He remembered that Dr. [REDACTED] was possibly exiting the building as Dr. [REDACTED] was going inside. He said he was the only staff he could identify with certainty that went out to the courtyard. I asked him if he recalled any statements [REDACTED] made while out on the courtyard after the altercation. He remembered [REDACTED] asked, "Are you guys trying to kill me?"

Dr. [REDACTED] observed that [REDACTED] [REDACTED] Dr. [REDACTED] said ambulance personnel arrived and [REDACTED] was later transported to an outside hospital. He believed [REDACTED] returned to NSH unit A3 after several hours out at the hospital. Dr. [REDACTED] said he did not see [REDACTED] after he was transported from the courtyard. He did however review medical records upon [REDACTED] return because Dr. [REDACTED] was responsible still for completing some documentation on [REDACTED] He remembered that [REDACTED]
[REDACTED]

I asked Dr. [REDACTED] if he considered the injuries to be significant and he said he did. He then added on his own, "It takes a lot of force and trauma to result in the collection of injuries he suffered." I asked him with his experience and medical background could he describe what kind

of force would be necessary to result in those injuries. He said [REDACTED]

[REDACTED] He said to have a

"There has to be a significant force involved with that." He believed the injuries were unusual and he has never seen anything like that while working at the hospital. He further explained that the skull and the eye socket were made for protection [REDACTED]
[REDACTED]

I asked him if a human face striking a concrete wall would be consistent with the injuries sustained by [REDACTED]. He said it was consistent with his face hitting a hard object. He did not recall seeing any blood or teeth on the wall. He did not know which officer was injured during the altercation. I asked him to describe [REDACTED] physical condition. [REDACTED]

[REDACTED] He said he was not muscular and he was not obese. He said his body and fitness level was consistent with his older age. He would not describe him as athletic but he does not have physical impairments or disabilities.

I asked him if he was interviewed by an officer on scene. He believed it was a Sergeant that talked to him and explained what happened and he did not ask Dr. [REDACTED] any questions. I asked him if an actual officer asked him questions about what happened. He paused for a couple of seconds and strained to say that he did. I started to summarize Officer Donaldson's summary of his statement that day. That refreshed his memory a bit and helped him remember that the male staff member that attempted to talk with [REDACTED] on the courtyard was named [REDACTED]. He then remembered [REDACTED] was the Filipino nurse that was also talking with [REDACTED]. I asked him if [REDACTED] agreed to go take medication. Dr. [REDACTED] said he could say with a degree of certainty that [REDACTED] agreed to go to the side room, not to take medication.

I then asked him about a form he completed after the incident about [REDACTED] that went to the jail (Exhibit 16). He said that he wrote a document that went to the jail. I told him the form said continued placement at NSH was not recommended for [REDACTED]. He said that was correct. I asked him why he made that determination. He said he decided that after consultation with Dr. [REDACTED]. He said he did not know what to write because they do not complete the forms often. His opinion was that [REDACTED] should have stayed at NSH. He said after discussing the report with Dr. [REDACTED] it was recommended to him that the letter should say that [REDACTED] needed to be housed in jail. Dr. [REDACTED] said he wrote a draft because his inclination was to have [REDACTED] stay at NSH but he "was told to kinda revise it." He didn't recall if he signed it or if administrators did. He said after it went up for review it was suggested that he change the recommendation portion to have him stay in jail. I asked him if he emailed the original draft or if he gave a hard copy to his supervisor. He initially said he handed it in and then said, "Maybe I did." He then confirmed that he emailed his first draft to Dr. [REDACTED]. He was then talking with Dr. [REDACTED] about a different issue which is when she suggested that he change the recommendation. He said he did change it, printed the document and hand carried it to the office. He was not told what to write only that he needed to recommend [REDACTED] to stay in jail.

Investigator B. Jones asked Dr. [REDACTED] if Dr. [REDACTED] told him why she wanted him to stay in jail. He then said he did not remember who actually told him to revise it. He said he was actually, "outside of the fence" because he was busy and he borrowed a computer from somewhere and accessed his file and changed the portion he needed to change. I asked him if he had the original draft. He said he would have the final draft but someone else should have the original draft he emailed. He did not ask why it was suggested that he change his recommendation. He said he was curious and wanted to know but he never asked the question.

He described his chain of command as Dr. [REDACTED], then the medical director Dr. [REDACTED] and finally the Executive Director.

Dr. [REDACTED] said he has not had discussions with anyone else about the incident but added that staff talked in the afternoon after the incident. He said "people were upset" and "I do remember that people just didn't want to talk about it much." I asked him why and he again said they were upset. Dr. [REDACTED] said he talked to treatment team members approximately a week after the event to include the team psychologist. He got the impression that they felt sorry for [REDACTED] and the injuries he received.

Inv. Jones asked if [REDACTED] injuries were consistent with how the Sergeant had described the physical altercation between police and [REDACTED]. He said it was consistent with [REDACTED] and the officer's momentum carrying them to the wall. I asked him if [REDACTED] had any self-injurious behavior or history of slamming his own head on the wall. He said he did not. I asked him if he believed [REDACTED] would have shielded his own face with his own hands if he had the opportunity and he said he believed [REDACTED] would have tried to protect his face if he could. I asked him if he believed [REDACTED] would have sustained the injuries that he did if he was able to protect his face and he said most likely he would not have. He did not see that [REDACTED] had any injuries to his hands as a result of the altercation.

Inv. Jones asked what he expected to happen to [REDACTED] when the alarm was pulled. He believed a show of force would have been adequate and [REDACTED] would have cooperated. He did not believe that [REDACTED] behavior would have resulted in physical force being used on him. Inv. Jones asked if [REDACTED] usually fights with staff when being placed into restraints. He said his history with [REDACTED] was that he did not resist when being restrained.

Inv. Jones clarified with Dr. [REDACTED] that he was not aware that [REDACTED] had made prior threats to kill officers. He said he was surprised to hear that and he did not believe any other of his staff knew that. Inv. Jones asked him if another level of care staff member heard [REDACTED] making a threat to an officer, if that would be documented in his medical record and told to the Psychiatrist. Dr. [REDACTED] said it would.

INTERVIEW WITH REHABILITATION THERAPIST [REDACTED]

On June 30, 2017, Inv. Jones and I conducted a digitally recorded interview of Rehabilitation Therapist (RT) [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

RT [REDACTED] said she was working at NSH on March 23, 2017. She has worked at NSH since April 2013. She works in the admission side of Unit T-13. She assists with leisure groups. She said [REDACTED] is on the "long term side" of the unit so he is not one of the patients on her caseload. She was familiar with [REDACTED] because he attends some of the groups and activities she provides in the unit. She described [REDACTED] as pleasant at times and added that there were times that he would like to break rules. He is pleasant but a "know it all". She said he gets agitated sometimes when he does not get his way. [REDACTED] likes to test limits which she said was not uncommon with patients in general. She would describe his mood as "up and down."

She has seen [REDACTED] upset or agitated almost every other day. She said there always seemed to be something that agitated him. RT [REDACTED] brought up an example of [REDACTED] behavior. She said on March 22, 2017, [REDACTED] was told by staff that he had earned the privilege to go to groups and earned a 2:16 (two staff to sixteen patients) ratio. The staff failed to tell [REDACTED] that

there was a grace period where they had to observe his behavior for some time before he was actually going to be able to go to the group meetings. [REDACTED] assumed that meant he would be able to start attending off unit groups on March 23, 2017. The next morning, [REDACTED] advised staff that he needed to go to the mall group but he was told that he was not going and his name was not on the roster. He argued that his treatment team said he could go and then "it just escalated."

RT [REDACTED] was in her office while staff advised [REDACTED] of the communication error in a nearby room. [REDACTED] exited the meeting and was cursing "fuck you" and said he had lost trust in the staff. Staff tried to calm him down but he continued to yell. RT [REDACTED] believed [REDACTED] may have threatened a staff member but she was not sure. A PDAS alarm was pulled and staff and HPO's responded. [REDACTED] was given some medication to calm down. There was no physical contact between [REDACTED] and responding staff. She said he listened and cooperated with staff when they asked him to take himself into the observation room. I asked her if [REDACTED] was still cursing at staff while being cooperative, she replied, "Yeah, that's what his behavior is, cursing, yelling." I asked, "Even though he is complying, he continues..." and she replied, "Yeah and it's kinda like his thing. Like he'll comply and you see it a lot with these guys is they will comply and they'll still like 'F you', you're you know, giving threats, but then they're still doing it." She said he was still upset after he took medication and staff allowed [REDACTED] to pace the hallways so he could calm down. She believed [REDACTED] had a legitimate reason to be upset.

RT [REDACTED] then explained that in the afternoon of March 23, 2017 she was in the T-13 Courtyard because it was photo day for the patients. Social Worker (SW) [REDACTED] was assisting her. She was the Social Worker for [REDACTED]. RT [REDACTED] attempted to include [REDACTED] in the photo day but when she asked him if he wanted to get his picture taken, he glared at her and said he did not want to and he did not trust staff. She said Dr. [REDACTED] talked with [REDACTED] out in the courtyard near the east side of the courtyard. The photos were being taken near the west side of the courtyard. SW [REDACTED] was near the center of the courtyard. RT [REDACTED] heard [REDACTED] yelling at Dr. [REDACTED] and then yelling at everything else. She remembered [REDACTED] saying things like he did not care anymore and he could go to prison, people could do what they want to him because he doesn't care, his treatment team was "pieces of shit."

[REDACTED] walked towards the fence on the north wall. She said he kicked a chair because he was angry and he did not direct the chair towards anyone. SW [REDACTED] was talking with [REDACTED] to help calm him down. She told him that they did not want to pull an alarm and put him in the side room again. She continued to encourage [REDACTED] to talk and calm down. She said she walked over to the area and Dr. [REDACTED] walked over to the area as well to assist in calming [REDACTED] down. RT [REDACTED] said with a sigh, "and then the alarm was pulled." She said the timing of the alarm being pulled was at the same time staff was telling [REDACTED] they did not want to have to pull the alarm. She believed someone in the building pulled the alarm, not anyone in the courtyard that was talking with [REDACTED]. This upset [REDACTED] and he started to talk about his distrust of staff because they again told him one thing, while doing something different. He began pacing back and forth and appeared upset.

[REDACTED] started yelling obscenities. He said he did not care anymore and "let the police get involved." RT [REDACTED] said the police came and told [REDACTED] to move over. [REDACTED] was still saying "F you" to the police and yelling but he was complying with their order to move towards the wall. I confirmed with her that [REDACTED] was complying with the officers' orders even though he continued to curse at them. She said, "yeah, yeah, right." She added that she had heard that [REDACTED] had previously made threats to police. I asked her more specifics about the prior

threats. She said approximately one week prior to the incident, she heard during "morning report" that someone from upstairs (T-14) had heard [REDACTED] say he was going to kill police.

RT [REDACTED] continued with what happened during the incident. She said police arrived and were outside of the north gate. She started motioning and pointing with her fingers in front of me and described the police communicating non-verbally with each other. She said it appeared that they were communicating what they were going to do and what directions they were going to go in. As [REDACTED] was walking, the police opened the gate and they "kinda charged at him" [REDACTED] She said the police charged [REDACTED] and they all fell down. She said, "From us, from me, it looked like they pounced on him." She said patients were watching what happened so she decided that she needed to get the patients out of the area. She then turned around to get patients inside. She also said patients were "going off."

I took this moment to get more details of the incident she witnessed. RT [REDACTED] told me there were approximately 20 patients in the courtyard during the incident. She recalled that it was only T-13 patients in the courtyard. She remembered that patients [REDACTED], [REDACTED] [REDACTED] were present. She said staff had to have a meeting with the patients right after the incident because they were "erupting and triggered."

She remembered RN [REDACTED] was on the courtyard during the incident. She said PT [REDACTED] was on the courtyard and added that PT [REDACTED] was who pulled the alarm. She believed Unit Supervisor RN [REDACTED] and Dr. [REDACTED] were there as well.

RT [REDACTED] described to me that the staff were near the north side of the courtyard, standing near the middle of the courtyard, approximately 15 to 20 feet from [REDACTED]. RT [REDACTED] added that the incident was shocking and it was the first time an incident happened like that. She said she had never witnessed police taking a patient down like they did and all "the chaos."

We went back to discussing when the alarm was pulled. She said that the staff that pulled the alarm did not hear that the other staff had told [REDACTED] that they were not going to pull their alarm. They were trying to allow [REDACTED] to use his coping skills to calm himself down. She did not recall if anyone was discussing an option for [REDACTED] to go to a seclusion room or take medications. She said there was not time for them to negotiate further with [REDACTED] because the alarm was pulled so quickly. I asked her if [REDACTED] had anything in his hands, she said he may have had an Mp3 player or headphones. She said he did not have any obvious weapons in his hands and he did not pick anything up as a weapon.

I asked her if police were giving [REDACTED] instructions or commands when they arrived at the back side of the chain link fence. She said they ordered him to move towards the west wall of the courtyard. The police said, "Move" and [REDACTED] started moving in the direction they indicated. As [REDACTED] turned to go, and had his back to the officers, the officers started signaling to each other with their hands. She did not recall exactly which officer opened the gate but she believed his name could have been Ross. He had a shaved head and tattoos.

She indicated that [REDACTED] was now approximately six feet to the west of the north fence with his back to the officers. I asked if the police walked into the courtyard or ran when the gate opened. She said, "Oh, they ran." She believed four officers came into the courtyard. I asked if they were jogging, trotting or aggressively sprinting in. She said it looked like an aggressive sprint. She said, "It looked like they were just in there to get him. Cause, to stop whatever it was that maybe they thought was happening." She again said the actions by officers looked aggressive.

I asked her if all officers made contact with [REDACTED] or if it was one officer. She did not seem too certain but said she thought all of the officers contacted [REDACTED] at one time. She said they all came in and then they all fell to the ground. I asked her if [REDACTED] knew officers were coming in. She said she felt like he started turning around once the gate opened. She said he might have turned to fight the officers, but she was not sure if [REDACTED] actually turned around. She also said she did not know what he was doing with his hands. She did remember that he might have been cursing at the police. I asked her if [REDACTED] was still moving or if he was stopped when police contacted him. She said with uncertainty that he might have stopped and turned over towards his left shoulder.

I asked RT [REDACTED] to describe how the contact between [REDACTED] and police occurred. She said it looked like they tried to do a takedown but for some reason they all fell at once. I asked her what it meant to her when she said it looked like the police were trying to take [REDACTED] down. She said it looked like they were trying to take him down to the ground and do a floor containment. I asked her what gave her that impression. She said, "Because it was like they got him and then everybody fell down." I asked how close they all were to the wall when this happened. She said, "Very close. Like close enough where you heard someone's head hit the wall." She indicated that police were only approximately two feet away from the wall when they attempted to take the patient to the ground. I asked her again if she was sure that it was more than one officer that was involved in the takedown. She said it looked to her that it was all of the police that did the takedown. She did not recall how the police were positioned near [REDACTED] but she believed they were all behind him.

I asked her where [REDACTED] arms were during the containment. She said she did not know whether his arms were free or if they were pinned to his side. She remembered hearing something hard hit the cement wall and then all of the officers and the patient fell down to the ground. I asked her if they contacted the wall and then fell to the ground, or if they contacted the wall as they all were falling towards the ground. She said she thought the police took [REDACTED] towards the wall, causing them to hit the wall.

She explained she was later in the courtyard and noticed there was a cement curb near the wall. She said now that she looks back at the incident, someone might have tripped on the curb resulting in them all falling down instead of it being "like a huge takedown." I asked for clarification from RT [REDACTED]. She said, "Originally I thought they were just trying to take him down to the ground, but like looking at the courtyard afterwards, I can see how, if they were trying to do a wall containment, it went wrong." She further explained that the location of the curbing was near the wall where they all fell and she believes they likely tripped on the curb while doing the wall containment, causing them all to fall to the ground. She said again that the act originally looked very aggressive but it could have been that someone tripped over the curb causing them all to fall, causing [REDACTED] to hit his head on the wall as they fell.

I asked her if the officers' momentum and aggression with [REDACTED] would have resulted in them contacting the wall, or would it result in them taking him down to the ground, if there were no trip hazard. She said without the tripping hazard, the momentum would have carried them all into the wall. She said she did not believe the officers would try to take a patient down so close to a wall where people could get hurt. I asked her why and she replied, "I don't know, common sense not to do that..."

RT [REDACTED] said that she could see why officers tried to protect themselves and responded the way they did because of [REDACTED] earlier reported threats to kill an officer. I asked her if she

saw [REDACTED] display any behavior beyond verbal threats that would have made her feel that the officers were in danger. She replied, "Not that I am aware of. No. You mean before the takedown?" I told her I was talking about prior to the takedown she described. She again said she didn't see anything that indicated they were in danger. She added [REDACTED] was maybe saying, "Bring it on, being all macho, but that's about it." She did not remember him waving anything or being threatening.

I described a scenario to her where one officer comes at a patient, to take him down to the ground, and the patient used one of his arms to turn and push the officer down and step out away from the takedown. I then asked her if that was remotely possible based on the incident she saw. She said, "Not that I saw. I didn't see him fighting back or trying to take them, try to get an officer." She said she did not witness the aftermath of what happened after they all went to the ground. I told her the above summary was one summary of what had happened during the incident. She said that summary didn't make sense compared to what she saw. I asked her if she ever saw [REDACTED] going towards a wall while dragging an officer by his knees and feet behind him. She laughed and said, "No." I again clarified that she did not see an officer on his knees and feet being drug towards the wall. She said, "No. No."

I then asked her to describe when the patient and officer fell again. She said the fall to the ground seemed to be an accident but the wall containment was part of the officers' plan. She said that makes more sense to her. I asked her if [REDACTED] was still being verbally aggressive towards officers once they fell to the ground. She said he was. I asked her if he was physically struggling with officers on the ground and she said he was not.

RT [REDACTED] saw [REDACTED] [REDACTED] She said patients were staring at [REDACTED] and asked her if they should help. I asked her who they wanted to help. She said they probably wanted to help [REDACTED]. I asked why she thought that. She said, "Because a lot of them felt like it was police brutality." I asked her if she recalled which patients expressed that concern. She said, "Oh God, a lot." She then explained when they went back into the unit, Patients [REDACTED], [REDACTED] and another patient, called "Patient's Rights" and complained. RT [REDACTED] explained that Patient's Rights were representatives for the patients when they have complaints. RT [REDACTED] said also that patients filled out "a bunch of patient's rights forms." I asked her which patients but she did not know. She said they were just trying to calm everyone down. The incident was triggering patient traumas and she said they were saying, "The police are out to get us." She said, "It was really bad for these guys. Cause in their eyes it was police brutality."

I told her it sounded like a shocking event for her as well. She said that was the first time she ever saw something like that. She said she had a lot of respect for the officers and she asked herself, "Like why would they do that so aggressively?" She said again that it made sense later that if they were trying to do the wall containment it did not go as planned once someone tripped, causing everyone to fall down. She was very close during the incident and had a clear view of what happened.

I asked her how many times she has witnessed HPO's use force against patients. She estimated approximately eight times. She said the incident with [REDACTED] was the worst she has seen since working. I asked her if she thought the force used by officers with [REDACTED] was appropriate. She replied, "I think it could have been handled differently." I asked her what some of the options were for officers. She said they could have come from the unit instead of from the gate so the officers could have talked with staff to see if police needed to take charge. I asked her since she described [REDACTED] moving out of the way of the gate when ordered to by police, could the

police have come to the staff to discuss the situation. She replied, "Probably." I asked if there was a reason why they did not. She said she did not know.

I asked RT [REDACTED] what she would have said to the officers if they had approached her and asked her if she needed police to take over. She said, "I honestly think if we gave him time, we could have had him, like, calmed down to the point where he would have gone into the side room and took a PRN." She again described [REDACTED] as the type to get "amped up" and "pissed off" but she did not see him as wanting to, "Really kill people." She said, "I think he is more of a talker, but then again I don't really know him as well as others know him."

I asked her if she has seen HPO's deal with [REDACTED] in the past. She said she has seen them deal with him during alarms in the past but she did not recall ever seeing police be physical with him.

I asked RT [REDACTED] if she returned to the courtyard after she escorted the other patients inside. She said she did. She noticed that [REDACTED] was still yelling at officers. He had [REDACTED] and staff were tending to him. One of the officers went into the unit and asked where the bathroom was because he had blood on him. [REDACTED] was transported away from the scene.

I then started discussing NSH 17030418 with her. Specifically, I talked with her about her summarized statement in the report. She did not recall which officer interviewed her about the incident. I asked her if the name of Ofc. Stuart Donaldson refreshed her memory and it did not. I started to read Ofc. Donaldson's summarized statement between him and RT [REDACTED]. I asked her if officers asked her specific questions about the incident or did the officers keep things vague. She replied, "That's interesting, that nothing about, like them being aggressive is in there?" I told her that was why I was asking her about her interview by HPO's. She said the officer asked her about how the HPO's came into the courtyard and she told the officer the police were "kind of aggressive." She did not recall much else of the conversation with the officer. She did recall thinking it was odd that the officers involved in the incident were the same officers conducting interviews with the staff. I asked her why that was odd to her. She did not believe it was okay for officers to do interviews if they were part of the incident. I asked her if she would have felt more comfortable to talk with an officer or investigator that was not involved in the incident. She said she would have.

I asked her if she had seen or read her summarized statement in the police report. She said no one had talked with her about it. She believed that the summarized statement was relatively accurate other than the omission of her statement that she believed the officers responded aggressively. It was her impression overall that the police conducted the investigation very quickly and no follow up questioning was done with her. She said she has not written any reports about the incident.

I asked her if she knew where [REDACTED] was currently housed. She said she was not sure but she heard he was either in jail or in unit A3. I told her he was in jail for resisting arrest of an officer, battery of an officer, and criminal threats of an officer. She expressed disbelief and surprise over [REDACTED] charges with the exception of the threats charge. She believed that the threats charge was appropriate.

Inv. Jones asked some clarification questions of RT [REDACTED]. He confirmed with her that she had a clear view of [REDACTED] and the officers during the incident. She was able to see the sides of the officers and had a clear view of the contact between [REDACTED] and officers. She said her

attention was split at times between [REDACTED] and the officers, and the remaining patients and staff on the courtyard.

RT [REDACTED] remembered that officers directed [REDACTED] away from the fence and towards a wall. [REDACTED] complied. She said police gave no other orders to [REDACTED]. They did not advise him to do anything else like getting down on his knees or to turn and face a wall. She also said that none of the officers present made any attempt to contact staff to learn about what had transpired prior to their arrival. They did not ask how they could help the staff already on scene.

RT [REDACTED] said this was the first incident she ever witnessed on a courtyard between police and a patient. She said police usually respond to alarms and ask questions of staff about what has happened and what staff would like officers to do. She said staff will advise them whether police are needed to take over the scene or if it can be handled by staff on scene. The incident with [REDACTED] was the first time that she has ever witnessed staff rush in and contact a patient without consulting the staff on scene. She said when officers originally entered the courtyard, [REDACTED] back was to them and did not pose an immediate threat. She also recognized that [REDACTED] could have become uncooperative or a threat at any time.

I asked if RT [REDACTED] felt concerned for her own safety at any time during the incident with [REDACTED]. She said, "No." I asked her if she believed any of the patients were at risk of harm by [REDACTED] during the incident. She said, "Not at that time." She was 15 to 20 feet away and patients were on the opposite side of the courtyard from [REDACTED]. It was also her opinion that the other staff in the area talking with [REDACTED] were not at risk of being harmed by [REDACTED]. She said if the police had not arrived, the staff on scene would have removed all patients from the courtyard and handled [REDACTED] themselves. She said they would have talked with him more, helped him de-escalate, and then they may have had the officers help.

Investigator's Note: On July 5, 2017 and July 12, 2017, Inv. Davis had several conversations with a representative responsible for supervising the Patient's Rights Office at NSH. It was explained to me that there is a computer database that records all Patient's Rights Complaints that the office receives. A computer search was done and no complaints were located for the time surrounding the incident regarding complaints of excessive force, police misconduct, etc. that appeared to be related to the courtyard incident with [REDACTED].

INTERVIEW OF PATIENT [REDACTED]

The following summary was completed by Inv. Jones

On July 2, 2017, Investigator Davis, assisted by Investigator Brad Jones, conducted a digitally recorded interview of patient [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

[REDACTED] stated he was a patient on unit T-13 on March 23, 2017, and was on the courtyard that day for picture day. [REDACTED] stated he was on the courtyard when an incident occurred between a patient and staff. Later in the interview [REDACTED] stated the patient is [REDACTED]

[REDACTED] was asked to describe what he saw. [REDACTED] stated the following in summary:

Patient [REDACTED] took a chair and either kicked or threw it at the gate. The cops came and saw him, but the gate was still closed. When the cops were unlocking, the gate they were talking to him, telling him [REDACTED] to face the wall. [REDACTED] started walking toward the wall, and a cop

came in and tackled [REDACTED] from behind. [REDACTED] face was the first thing to hit the wall. Everybody was like, "Oh my God." Besides me [REDACTED] was there.

[REDACTED] was asked if [REDACTED] was having an argument with any staff member or patient prior to being tackled. [REDACTED] stated, "No." [REDACTED] stated [REDACTED] was upset before police showed up, but he did not know why he was upset.

[REDACTED] was asked if he heard [REDACTED] make any threats to staff, patients, or police. [REDACTED] stated, "No."

[REDACTED] was asked, at one point you said [REDACTED] either kicked or threw a chair at the fence, was that before the police arrived or were they at the fence when [REDACTED] did that. [REDACTED] stated, "He ([REDACTED]) did that before the police got there."

[REDACTED] stated he could not remember if the alarm (PDAS) was activated.

[REDACTED] stated when the officers unlocked the gate they all came in, but only one officer went toward [REDACTED] and he (officer) was running toward him. [REDACTED] stated [REDACTED] was walking toward the wall and did not see the officer running toward him ([REDACTED]).

[REDACTED] was asked if [REDACTED] ever stopped and turned toward the officer. [REDACTED] stated, "No."

[REDACTED] was asked if [REDACTED] prior to being tackled tried to defend himself, or attack the officer. [REDACTED] stated, "No."

[REDACTED] was asked if [REDACTED] ever threatened to kill the officers. [REDACTED] stated, "No." [REDACTED] then added, "He ([REDACTED]) was bad mouthing the cops, I don't know what he said though."

[REDACTED] was asked how far [REDACTED] was from the wall when he was tackled. [REDACTED] stated, "four feet." [REDACTED] stated when the officer tackled [REDACTED] he wrapped his arms around [REDACTED] chest. [REDACTED] was asked if [REDACTED] arms were pinned or were they free. [REDACTED] stated, "I can't remember."

[REDACTED] was asked when [REDACTED] was tackled was he taken toward the wall or toward the ground. [REDACTED] stated, "Towards the wall."

[REDACTED] was asked if [REDACTED] put his own hands up to protect his face. [REDACTED] stated, "No. He didn't have time. I wish he did that."

[REDACTED] was asked, when officers first arrived did they talk with any staff first before making contact with [REDACTED]. [REDACTED] stated, "I don't think so."

[REDACTED] stated he was sitting on a plastic chair by the gate when [REDACTED] was tackled, and he saw [REDACTED] head hit the wall. [REDACTED] stated he was about five feet away from the gate. [REDACTED] stated when the officers came in the gate they came in right in front of him.

[REDACTED] was asked if he thought the officer or [REDACTED] tripped on anything. [REDACTED] stated, "No."

[REDACTED] stated when [REDACTED] head hit the wall he heard [REDACTED] go, "Uhhhhh!"

[REDACTED] stated after they hit the wall he heard the cop ask [REDACTED] if he was okay. [REDACTED] replied, "You fucked up my face." [REDACTED] stated this was said when they were on the ground.

[REDACTED] was asked if the officer hit his head or body on the wall. [REDACTED] stated, "No." [REDACTED] stated the officer was behind [REDACTED] "sandwiched" to him. [REDACTED] stated he saw that [REDACTED]

[REDACTED] was asked other than the tackle into the wall, did he see any officer's punch, kick, or strike [REDACTED] [REDACTED] stated, "No."

[REDACTED] stated after the tackle the patient's were escorted back inside the T-13 building, and they were all gathered into a group. [REDACTED] stated patient [REDACTED] stated he was going to write a complaint. [REDACTED] stated he and the rest of the patients all agreed it was a good idea.

[REDACTED] was asked what he would have put on the complaint if he had written one. [REDACTED] stated, "Excessive force, unnecessary force, I think because he was already compliant he was walking towards the wall. They didn't need to tackle him, he wasn't doing anything. He wasn't hostile."

[REDACTED] was asked if he thought he was in danger of [REDACTED] hurting him since he was so close to him. [REDACTED] stated, "No."

[REDACTED] was asked to describe the officer who tackled [REDACTED] [REDACTED] stated, "He was probably the tallest one, 250 pounds, muscular, about 6 feet." [REDACTED] stated he had short hair and was wearing a black uniform.

[REDACTED] stated when the officers first arrived he believes one officer told [REDACTED] to face the wall. [REDACTED] was asked if the officer who told [REDACTED] to face the wall was the same officer who tackled him. [REDACTED] stated, "It might have been I am not sure."

[REDACTED] was asked after the officer told him to face the wall, did any officer say anything to [REDACTED] after that. [REDACTED] stated, "I don't think so." [REDACTED] was asked once the officers opened the gate and one officer ran at [REDACTED] there was no verbal exchange between [REDACTED] and the officers. [REDACTED] stated, "No."

[REDACTED] stated he was roommates with [REDACTED] for about a month, including the day of the incident. [REDACTED] was asked if he ever heard [REDACTED] make any threats, or plans to hurt staff, patients, or police officers. [REDACTED] stated, "Umm...he didn't like cops." [REDACTED] was asked if he ever heard [REDACTED] express that he wanted to hurt or kill a cop. [REDACTED] stated, "No."

[REDACTED] was asked prior to the incident have officers been coming to their room to talk to him or [REDACTED] [REDACTED] stated, "No." [REDACTED] was asked if officers had conducted searches on their room. [REDACTED] stated, "They did do searches." [REDACTED] stated both staff and officers had conducted searches, and this was done a couple months before the incident. [REDACTED] stated the searches were of the entire room, and the searches on their room were done more frequently than other patients. [REDACTED] stated this might have been done because [REDACTED] might have had contraband before, like fruit.

[REDACTED] was asked if he knew of [REDACTED] to manufacture or keep weapons. [REDACTED] stated, "No."

[REDACTED] was asked if he has ever seen [REDACTED] and hospital police officers argue and talk shit to each other. [REDACTED] stated, "No."

INTERVIEW OF PSYCHIATRIC TECHNICIAN [REDACTED]

On July 5, 2017, Inv. Jones and I conducted a digitally recorded interview of PT [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

PT [REDACTED] has worked at NSH since 2014 and has been a licensed Psychiatric Technician since February, 2016. She has worked in unit T-13 for one year and four months. She works PM shift which is 1430 hrs to 2315hrs. She was on duty March 23, 2017. She only worked PM shift that day.

PT [REDACTED] has worked with [REDACTED] in the past in unit T-10 from January 2015 to May 2015. The next time she worked with [REDACTED] was when he was moved to unit T-13. PT [REDACTED] was off work for approximately two months. She returned approximately four days prior to the incident with [REDACTED]. I asked her about her experience with [REDACTED] back in 2015. She said during the time she worked with him in 2015, she had never witnessed [REDACTED] be verbally aggressive towards anyone. She had never witnessed him be physically aggressive with staff or patients. He was appropriate to staff. She never witnessed him threaten to harm or kill staff during that time. She added that he "was a model patient." He was very pleasant to talk with. He was very respectful and helpful to patients and staff.

I then asked her to describe [REDACTED] behavior since she worked with him on T-13, excluding the incident she witnessed on the courtyard. PT [REDACTED] said that [REDACTED] was "more talkative," he was tactless and would curse when upset. She said he was not threatening but was emotional and needy. [REDACTED] would ask for things from staff that were unnecessary and when staff redirected him, he would talk back to them. She said that even though he acted out towards staff he would cooperate with them. She has not seen him be verbally aggressive or threaten to harm staff. She has not seen him agitated to the point where staff had to intervene. I asked her what gets [REDACTED] to calm down when he is upset. She said he calms down if you talk to him. Sometimes medication helps him but he will refuse medications sometimes. She said if you listen to [REDACTED] even if he is talking for a long time, he would eventually calm down. She did not recall seeing [REDACTED] restrained or medicated while on T-13.

I told her it seemed as though [REDACTED] was different from when she first worked with him in 2015 to how he was on T-13 in 2017. She said [REDACTED] was originally a model patient and looked like he may have been ready to discharge at times. She said he was different on T-13. He became more talkative and seemed angry.

I asked her about the date of the incident. She said she was out on the courtyard because the first thing staff usually did after change of shift was give the patients a courtyard break. She was one of the floor staff in the courtyard. She said the "social worker [REDACTED] (RT [REDACTED]) was taking pictures of patients in the courtyard.

PT [REDACTED] remembered that [REDACTED] was talking with Dr. [REDACTED] on a bench in the courtyard. She said [REDACTED] stood up from the bench and he was angry. He was talking about his medications being "messed up." Dr. [REDACTED] encouraged [REDACTED] to try to stay calm. [REDACTED] sat down again and the two continued to talk. After several minutes, [REDACTED] became upset again and he stood up from the bench. He said he wanted to go home and the doctor was not

helping him. [REDACTED] then walked to the chain link fence at the north side of the courtyard. [REDACTED] was shouting and staff told the patients to go on the opposite side of the courtyard. She said with [REDACTED] history, she believed it was possible that he could hit or kick someone or something. Staff told him to calm down. [REDACTED] said he was not going to calm down and he wanted to go home. He believed staff was sabotaging his ability to go home. She said staff offered him medication but he did not want it. They asked him if he wanted to go to the side room and he said, "No." [REDACTED] kicked a plastic chair and kicked a steel chair. [REDACTED] was cursing at staff so one of her coworkers pulled her alarm.

I asked if she recalled what [REDACTED] actually said. She said he said "fuck you" to staff member [REDACTED] (PT [REDACTED]) and then he looked at PT [REDACTED] and other staff and said, "Fuck you Filipinos." [REDACTED] did not threaten to harm any of the staff or any of the patients. After staff pulled the alarm, [REDACTED] acknowledged that police were coming and he said that the police were going to have to come and get him. PT [REDACTED] explained that the police station was very close to the T-13 courtyard. I had personally seen the station and knew that it was approximately 50 feet north/west of the north chain link fence for the T-13 courtyard. She said the officers were at the courtyard within 30 seconds of the alarm being pulled.

[REDACTED] was near the north gate when police arrived. She said she could not be sure if police were trying to talk with [REDACTED] through the gate but an officer ordered [REDACTED] to go towards the wall. She said [REDACTED] was not saying anything as he followed the officer's order and walked towards the wall. The police entered the gate and one of the officers "rushed to him" ([REDACTED]). She said the two made contact. She did not know if they tripped or if someone was pushed but they both hit the wall and then they both fell on the ground. The other officers restrained [REDACTED] once he was on the ground. She said, "I was just standing there, kinda shocked as to what I saw." She said it was all a blur for her after that. She just tried to help with the situation afterwards. She went into the unit to ask staff for help.

We went over what she witnessed with more detail. She indicated that she was near a ping-pong table in the courtyard. She said [REDACTED] (RN [REDACTED]) and [REDACTED] (PT [REDACTED]) were near her, within approximately 15 feet of each other. She had a clear view of [REDACTED] entire body. She did not recall him having anything in his hands. She said he did not have anything that could be considered a weapon in his hands.

She described [REDACTED] body as tense, he was moving his hands back and forth. His fists were not clenched. I asked her why she did not pull her alarm during the incident. She paused a moment and said, "It just wasn't that threatening to me." I asked her why it was not threatening. She replied, "Because he wasn't threatening to hurt anyone." I asked her if she was concerned for her personal safety at that time and she said she was not. I asked her if she was concerned for any of the staff's safety. She said, "[REDACTED] probably." [REDACTED] had been upset with PT [REDACTED] for the last few days and he directed his verbal aggression directly towards him in the courtyard. She then added that [REDACTED] shifted his attention to her and other staff as well. I again asked her if she believed PT [REDACTED] was in danger and she said she did not think so.

I asked PT [REDACTED] more about her first observations of the officers when they arrived on scene. I reminded her she said that she was unsure if they were talking to [REDACTED] or not. I asked her if it appeared that the officers were talking to each other. She said it did. She saw their mouths moving. She said she probably would have heard what they were saying if they were speaking at a normal volume. I asked if they were communicating non-verbally with each

other. She indicated they did when they told [REDACTED] to go to the wall. She added that officers actually told him twice to go to the wall.

PT [REDACTED] believed there were at least six officers at the gate prior to officers coming into the courtyard. She did not recall any of the officers' names. She did not recall if the officer that ordered [REDACTED] to walk towards the wall was the same officer that made initial contact with [REDACTED]. She believed the officer that rushed [REDACTED] was the same officer that opened the gate. That same officer was the first one into the courtyard. [REDACTED] was walking towards the wall. His hands were empty and outside of his pockets. His fists were not clenched. He looked frustrated and upset but "not angry like he was going to kill somebody."

I brought up her statement that [REDACTED] said the police were going to have to come and get him after the alarm was pulled. I asked her then if [REDACTED] said anything to the officers once they arrived. She shook her head from side to side and said, "Nothing." I asked her if he made any threats to the officers. She said, "No." I asked her if he told the officers he was going to kill them or hurt them. She replied, "No." I asked her if [REDACTED] was walking or stopped when the officer entered the courtyard. She said he was still walking away from the officers. His back was still to the officers. [REDACTED] did not stop and turn towards the officers at any time. [REDACTED] did not look towards the officers.

I asked her what she would say if I told her that it was said that [REDACTED] stopped, turned, told the officers he was going to kill them, and made fists like he was going to fight them. She was chuckling quietly and shaking her head back and forth. She said [REDACTED] did not do that. I asked her if officers gave [REDACTED] any orders other than the two times they told him to walk away from the fence. She said they did not. They did not tell him to stop or to lay down on the ground. I asked her if they tried to calm [REDACTED] down. She said, "No." They did not attempt to give [REDACTED] any other directions.

I had her describe again how the first officer entered the courtyard. She said he was walking fast. I asked her to describe the officer. She described him as a Caucasian male, maybe in his thirties, with short hair. He was in full uniform. I asked her to describe the contact between [REDACTED] and the officer with more detail, prior to [REDACTED] and the officer going down to the ground. PT [REDACTED] put her hands up as if she had her left hand at the back of [REDACTED] and her right hand near his right side. She verbalized that the officer had his left hand in [REDACTED] lower back. The officer's right hand was on [REDACTED] arm. She believed it may have been [REDACTED] upper arm. She said the officer's arms were bent and the two of them had a medium amount of distance between them.

She remembered that when the officer initially contacted [REDACTED] he appeared to be "forward" or off balance. She said both [REDACTED] and the officer looked like they lost balance and fell forward. I asked her if it appeared as though [REDACTED] lost his balance as a result of the officer contacting him and she said, "yes." I asked her if [REDACTED] made any attempt to deflect the officer off of him. She replied, "No, because he lost balance already. Both of them did." PT [REDACTED] said they were within approximately three or four feet of the wall when the initial contact was made by the officer.

PT [REDACTED] further described that [REDACTED] left arm was free during the incident but his right arm was being held by the officer. I asked her if [REDACTED] was able to protect his face with his free arm. She said it happened so fast and she did not think he had time to. She said [REDACTED] and the officer's heads hit the wall and it made a loud sound. I asked her to show me

approximately at what height [REDACTED] head hit the wall in relation to his normal standing height. She ducked down a bit near a wall and indicated that his head dropped approximately one foot down from his normal height when striking the wall. She believed [REDACTED] struck the front of his head and face on the wall.

I asked her more about the sound of the heads hitting the wall. She said it was two separate sounds, not all at once. PT [REDACTED] said [REDACTED] and the officer fell down to the ground. Officers did not use any force on [REDACTED] after he fell to the ground. [REDACTED] was cursing, "You fucked my face." She did not recall whether he ended up [REDACTED] or not. She said she went inside and staff told her to get the side room ready. She was then told that [REDACTED] was not going to go to the side room, he was going to the hospital. She went back out to the courtyard to help with the scene.

PT [REDACTED] said that patients were upset. I asked her why and she said they were upset with what they saw. She said in T-13, incidents like that do not happen often. She said the patients viewed it as "patients versus police." The patients were concerned for [REDACTED]. Patients were directed back into the unit. There were numerous police, doctors, medics and other staff in the courtyard. She did not recall what happened to the injured officer.

I asked her about her interview by police after the incident. She said she did not recall the officer's name that interviewed her. She said she recognized him from work but she did not believe he was involved in the incident. She described him as possibly Mexican. He asked her what happened but he did not ask her a lot of questions. She said she told the officer that [REDACTED] complied with the order to go towards the wall. An officer then "tackled" [REDACTED]. The officer told her, "You know that [REDACTED] has a history of threatening police." She told the officer she was aware of that. The officer asked her what she recommended in regards to how police handled the situation. She told the officer that they need to assess their space because both the patient, and the officer, hit their heads on the wall.

I went over PT [REDACTED] statement that Officer Becerra wrote. She was in agreement with her statement until I read the portion where she said [REDACTED] threatened to kill everyone. I asked her if that was accurate. She looked concerned and then said, "Kill? I don't remember him saying that." I asked her if she recalled telling the officer that [REDACTED] was threatening to kill people. She said she did not recall saying that. I asked her again if [REDACTED] threatened to kill anyone before police arrived. She shook her head back and forth and said, "No."

I continued with her statement to Officer Becerra where she told the officer that [REDACTED] walked towards the wall and "towards the wall was the only place that was empty." She replied, "Towards the wall was the only place that was empty? What does that mean?" She laughed a bit. I told her I didn't know what it meant but the officer said that is what PT [REDACTED] said. She laughed some more and said, "It sounds stupid to me. Sorry. I wouldn't even say that." She laughed some more and again said that was not something she would say.

I continued by telling her that Officer Becerra wrote that he asked PT [REDACTED] if she was in fear for her safety and he quoted her response as, "Yeah." She laughed a bit more at the statement and said, "No." I read that portion of her statement to her again and she shook her head back and forth and said she did not remember saying that. I asked her if she did not remember saying that or if she knew she did not say that. She paused a bit and said, "Maybe it doesn't feel threatening now."

I told her the officer continued by saying that he asked PT [REDACTED] if she had any issues with how police handled the situation. Officer Becerra quoted her as saying "No." She said that was not accurate and she did not say no. She said that was not a true quote. That was the time actually when she replied to the officer that the officers needed to assess their space better.

I then told her that Officer Becerra said he asked her if the officer could have done anything different and she replied, "No." She said the officer did not ask her those two separate questions. She said she did not reply "No." The officer just asked her one question regarding how police handled the situation.

I had her go over her statement from Officer Becerra. She again said that she did not say that [REDACTED] was threatening to kill everyone. She said it was possible that she said, "Yeah" when she was asked if she felt in fear for her safety. She again said both times where she was quoted as saying "No" was inaccurate and not what she said. I asked her if the officer recorded the interview. She said the officer took notes and did not record her.

I asked her if she was part of a patient debriefing after the incident. She said she was not part of the debriefing but it included ancillary staff. She did not know if patients wrote any complaints about the incident.

I asked PT [REDACTED] with her experience as a Psychiatric Technician and dealing with difficult patients, could the officers have handled the situation differently with [REDACTED]. She said they could have. She offered that the officers could have talked to [REDACTED] first. I asked if the officers could have talked to staff first to determine what was going on. She said officers usually talk with staff briefly at the beginning of an incident to find out what is going on. I asked her if officers talked with staff at all during the incident with [REDACTED] and she said, "No." She did not know why the officers did not talk to staff as she was used to. She again said it happened so quickly and she believed that the officers may have already been able to hear [REDACTED] shouting as they responded to the scene.

I asked her if she has ever seen an incident where one officer has tackled another patient like she witnessed with [REDACTED]. She said, "No." I asked her if she believed the officer was trying to take [REDACTED] to the wall or to the ground. She replied, "Not to the ground." I confirmed with her "definitely not to the ground?" PT [REDACTED] replied, "Uh huh, yeah."

I provided her with a scenario that was described in the officers' police reports where [REDACTED] was turned to face officers when they entered the courtyard. [REDACTED] threatened to kill officers and had his fists clenched. An officer attempted to take [REDACTED] down to the ground to the left. [REDACTED] pushed the officer's right shoulder down and tried to pull his legs from the officer's grasp. The momentum of the subjects shifted from left towards the ground, towards the cement wall to the right of [REDACTED]. I added that it was also written that the officer, at one point, was dragging his knees and feet behind the patient. I then asked her if that was at all similar to what she witnessed. She shook her head back and forth and said, "No." I asked her if any of it was accurate. She said that was a lot of details for a "split second."

I asked her if she believed [REDACTED] was at fault for him and the officer hitting the wall. She said, "I don't think so. No." I asked her why she did not think so. She said she did not see [REDACTED] defending himself from the officer. She did not see [REDACTED] turn around and take a fighting stance. I asked her if he even knew the officer was coming for him. She said she did not know if [REDACTED] knew. She said neither the patient, or the officer expected to be off balance and hit

the wall. I asked her if she believed it was an accident and she said that was how she would describe it. She believed the officer was going to take [REDACTED] to the wall but did not intend on them hitting their heads.

I asked if she believed the officer intended to take [REDACTED] to the wall, and one or both tripped, causing [REDACTED] face to hit the wall, should the officer be accountable for the injuries [REDACTED] sustained? She paused and replied, "I don't know." I asked her if hospital staff give a patient the wrong medication and the patient has an allergic reaction and suffers and injury or death as a result, should the staff member be held accountable? She quickly replied, "Yeah." I asked her why things should be different for a police officer. She said maybe the officer did not mean to do it. I gave her another scenario where an officer intended on pushing someone and that person ended up falling off something and getting killed. I asked her, even though the officer did not intend on the person falling off and getting killed, should they be held accountable for the person's injury. She said, "Yes to some degree." I asked her how that was different from the incident she witnessed with [REDACTED]. She said, "It was similar."

PT [REDACTED] denied writing any reports about the incident. She said she has talked with some staff about the incident since it happened. She said she has not been re-interviewed by police. I asked her if she recalled how many patients witnessed the incident. She estimated 20 to 25 patients. She remembered patients [REDACTED], [REDACTED] and [REDACTED] were trying to talk to her about the event.

I asked her if she knew what type of injuries [REDACTED] sustained. She heard [REDACTED] [REDACTED] She has not seen him since the incident. She did not know where he was. I asked her if she wanted to know and she said she did. I told her [REDACTED] was in jail. She paused and her eyes got watery as if she was holding back tears. She asked, "When?" I told her right after the event. She took a deep breath in and then out and looked frustrated. She said, "I don't get why someone with those types of injuries would have to be in jail." I asked her why. I asked her if she witnessed anything that she believed should have resulted in [REDACTED] going to jail. She shook her head and said, "No."

I told her that [REDACTED] was being held responsible for the injury to the officer and for threatening to kill the officers and fighting with them. She said she did not see it that way. She also did not believe [REDACTED] had any intention on the officer getting hurt. She said it all looked more like an accident to her.

Inv. Jones asked PT [REDACTED] how she knew that [REDACTED] had previously threatened officers. She remembered there was an incident and it was verbally reported to staff. She did not provide details. She believed it was right when she returned to the unit, around March 19th, 2017. She had never witnessed [REDACTED] threaten officers. She has never seen him argue with police. She said it was actually reported by level of care staff that [REDACTED] was better before the incident, than he was in the previous months.

I asked her if she would be concerned if police found out she provided her statement to OLES Investigators. She said, "In a way, yeah." I asked her why. She said because, "It is not the same as what they said." She again said what the officers put in the report was not the same as what she witnessed. I asked her why she thought that. She replied, "They have their reasons." She added it would be difficult for her to make up something or report something different from what she witnessed.

Inv. Jones asked PT [REDACTED] if she would be able to recognize the officer that tackled [REDACTED] if she was shown photographs of the officers. She said she would probably not be able to identify the officer.

Inv. Jones said that PT [REDACTED] mentioned earlier that [REDACTED] had a history of hitting or kicking things. He asked if she ever witnessed [REDACTED] hit or kick things. She said she had not. She has read behavioral notes in his chart. She was not aware of any history of [REDACTED] manufacturing or carrying weapons.

INTERVIEW WITH REGISTERED NURSE MARIE [REDACTED]

On July 5, 2017, Inv. Jones and I conducted a digitally recorded interview of Registered Nurse (RN) [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

RN [REDACTED] verbalized that she was nervous at the beginning of the interview. I reassured her that she was currently just a witness in a criminal investigation.

RN [REDACTED] was working T-13, PM shift on March 23, 2017. She has worked at NSH for 9 years. She knew [REDACTED] as a patient on T-13 for several months. She was a floor nurse the day of the incident. One of her duties included providing fresh air breaks for the patients in the T-13 courtyard.

I asked RN [REDACTED] if she was aware of an incident that occurred with [REDACTED] earlier in the morning of March 23, 2017. She did not work that morning and did not remember if she was told about the earlier incident during shift change that day.

RN [REDACTED] said she was out on the courtyard with patients for the scheduled break. She remembered there was a picture taking event in the courtyard during her shift. She said RT [REDACTED] was taking pictures of the patients. She did not know [REDACTED] last name. She said a lot of patients were out on the courtyard during the incident.

Investigator's note: At approximately nine minutes and ten seconds into the interview, I asked RN [REDACTED] a question. She was telling me that she believed I had talked to other staff about the incident when she looked down and whispered to herself, "I am not supposed to say th..." She then discontinued her answer and started asking me an unrelated question.

I initially let RN [REDACTED] describe the incident she witnessed to me. She started off by saying she did not remember things very well because the incident occurred a while ago. She then put her hands to her head and said she needed to take a deep breath. Her voice was stressed and then turned into nervous laughter. She then said that maybe she is traumatized from the event and then she said, "I talk too much."

She continued by saying [REDACTED] was in the courtyard talking with a doctor. She was about to say the doctor's name but stopped herself. She described the doctor to me and I asked if she was talking about Dr. [REDACTED]. She said she was. She continued by saying they were talking about unknown things when [REDACTED] reacted and became agitated with Dr. [REDACTED]. Then [REDACTED] was "rattling" on a gate and made unspecified remarks. She was one of a few staff that were talking with [REDACTED]. They tried to redirect [REDACTED] into a side room in the unit so he could calm down. [REDACTED] did not follow the redirection and he started to escalate and focus on staff members.

[REDACTED] started getting angry with PT [REDACTED]. Staff started to pay attention to the commotion. A staff member activated an alarm. She said other staff, including police, responded to the scene. When the police arrived on scene [REDACTED] was directed to go towards the wall. She indicated with her hands and body that [REDACTED] went west towards the courtyard wall. Police unlocked the gate. The police entered and "did hands on with the patient" and they fell. She said the weight of the police caused them all to fall to the ground. She said the way police were positioned, she could not see how the contact with [REDACTED] occurred but it was obvious to her that they all fell. She added [REDACTED] was wearing slippers. She even added the detail that the slippers were Nike brand. She guessed that [REDACTED] just tripped and fell to the ground when police contacted him near the wall. [REDACTED] was telling police to get off of him. She said she was told by an unknown person to take the patients back into the unit. Police took over the scene at that time.

I then went into further detail of RN [REDACTED] statement. She estimated approximately ten patients were in the courtyard during the incident. She said [REDACTED], [REDACTED], Dr. [REDACTED] and [REDACTED] were in the courtyard for the incident. She remembered that patients [REDACTED] and [REDACTED] were also in the courtyard.

During the incident, RN [REDACTED] said she was standing near the ping pong table in the courtyard. She said she had a good view and was able to hear what [REDACTED] was saying. I asked her if she recalled anything [REDACTED] was saying. She said she did not. I asked her if he said anything to her and she said he did not. He also did not make any threats to her. [REDACTED] did not say anything that made her feel that he was going to go after her. I asked her if [REDACTED] behavior made her concerned for her own safety. She said, "We live with it day by day, no." She said [REDACTED] was not focused on her and even though [REDACTED] was angry, he never made any advances towards her.

I asked her if she had witnessed any violent behavior from [REDACTED] in the past. She said she has observed [REDACTED] one time while he was in an observation room, and one time while he was restrained. She said he called her names like Filipina Whore. He threatened her once while he was restrained but she did not remember what was said. She believed she has heard him threaten other people or staff but could not give detail. She has never seen [REDACTED] physically attack anyone.

I then asked RN [REDACTED] if she was fearful for anyone else's safety during the incident on March 23rd. She said that was not a fair question. She said, "I didn't pull the alarm so obviously that staff was not comfortable with the whole situation." I asked her if she would have pulled her alarm if she was fearful that [REDACTED] was going to harm someone else. She replied, "Of course." RN [REDACTED] remembered that PT [REDACTED] was near the T-13 unit entrance when she pulled the alarm. She did not know where Dr. [REDACTED] was. PT [REDACTED] was standing near the middle of the courtyard.

I asked her if [REDACTED] refused to go into the observation room or did he just simply not go in. She said he did not refuse, he was too preoccupied with his conversation with Dr. [REDACTED]. I asked if she remembered if [REDACTED] made any threats to anyone. She paused and ended up saying something inaudible to herself. She again referenced that she was getting stressed over the interview.

I moved on to when the alarm was pulled. She said the goal of staff showing up during an alarm is to get the patient to cooperate without the use of physical force. When the police arrived to the scene they responded to the north gate. [REDACTED] was near the gate and making "remarks".

He was tense and visibly angry. He had clenched fists at times and was rattling the gate with his hands at some point. [REDACTED] did not have anything in his hands. He did not have any weapons. She was close enough to him to talk with a normal tone of voice to him.

I asked her how many police arrived when the alarm was pulled. She said three or four police responded. I asked her if she knew any of their names. She smiled a bit and said, "Of course not." She said she could only describe the officers. She believed they were all male officers. One officer was a white male in his early 20's. He was 5'7" tall with a muscular build with dark, short hair and darker eyes. She said this officer stood out to her because he interviewed her later in the day. She described the rest as white males but could not give many details.

When police arrived, one of them spoke with [REDACTED]. She did not recall the police talking with each other upon their arrival. They did not talk to any level of care staff. She said police usually talk with staff but the police "took over" and they did not talk with staff before contacting [REDACTED]. When police opened the gate, [REDACTED] was about fifteen feet away from the police. She did not recall if his back was to them or if he was facing them. She was not sure if [REDACTED] was walking or stopped. She described that the position of the officers ended up blocking her view of the officers' contact with [REDACTED]. I told her that the way she described her position along with [REDACTED] and the officers, she should have had a clear view of what happened. She then said the ping pong table blocked her view. I told her she was much taller than the ping pong table. She then said she could see what was happening but she could not "really" see what happened.

I asked her again what [REDACTED] was doing when the gate opened. She said [REDACTED] went towards the wall as directed. I asked her if he was yelling and she said she did not recall. I asked her if he postured as if he was going to fight with anybody. She said she remembered [REDACTED] telling the "chips" to come and get him. The police ran into the courtyard when they opened the gate. The police did not tell [REDACTED] to do anything else. They did not tell him to get down on the ground or to turn around and stop.

I asked her to explain what happened when the police contacted [REDACTED]. She remembered an officer reached out for [REDACTED]. She could not recall if they actually contacted [REDACTED] because the police blocked her view of [REDACTED]. I asked her if they took [REDACTED] towards the wall or the ground. She said they did not take him towards the wall. She again got visibly nervous and defensive. She said, "No I didn't see anything like that." She then rambled on and said she heard a "thud." She avoided giving me more detail as to what she saw. She said after the "thud" she saw police and [REDACTED] fall to the ground. [REDACTED] was then yelling for the officers to let go of him and he was "making movements". [REDACTED] was struggling but she could not provide me details as to how he was struggling.

I tried again to clarify whether or not [REDACTED] made any attempt to fight with police before they went to the ground. She said it all happened within seconds and she did not see.

I asked RN [REDACTED] if an officer asked her questions after the incident. She said he didn't really ask questions. He was trying to explain what happened to her. She said she told the officers that "accidents happen." She said she thought that the situation was an accident and [REDACTED] had tripped. She said police responded and did what they had to do. She again said the officer never asked her any questions, he just tried to explain what happened. I asked her if she knew if another officer was injured. She recalled reading an email that he received a [REDACTED]. I asked her if she knew that officers name. She again replied, "Of course not."

I went over the interview between Officer Becerra and RN [REDACTED]. I started to discuss some of the differences between her statement to me and the statement written by Officer Becerra. She became very nervous again. She explained that she was shocked after the incident and she could not recall what she said to the officer. We asked if her written statement where she said the patient went towards the wall were her words or the officer's. She said they were mostly the officer's words. I then told her the officer wrote that RN [REDACTED] was in fear for her safety and she thought [REDACTED] was going to hurt someone. She paused and smiled while looking directly at me. I asked her if that statement was accurate and I referenced the strange look she was giving me. She then said she could not recall what the conversation was.

I then brought her attention to a quote she made where she referenced seeing [REDACTED] face hitting the wall. I again told her that was inconsistent with her statement to me that she never saw him hit the wall. She replied to me that she was not that articulate of a speaker to say what the officer quoted her as saying. She did not know that [REDACTED] hit the wall prior to the interview with the officer. She still said the officers meant well and she believed it was an accident.

RN [REDACTED] had not seen [REDACTED] since he left the courtyard. RN [REDACTED] did not know the extent of [REDACTED] injuries. I explained his injuries. She agreed that the injuries were significant. I asked her with her experience if she believed [REDACTED] likely sustained the injuries from the ground or the wall. She believed it was likely from hitting the cement wall. She did not see the police use any additional force on [REDACTED] after they all went to the ground.

I asked her if she recalled patients being upset over what they witnessed. She said, "very much so." She said staff debriefed the incident with the patients after the incident. She said the Unit Supervisor "Mr. [REDACTED] and a social worker named [REDACTED] conducted the meeting. RN [REDACTED] did not attend the meeting but saw that the meeting occurred. She had no knowledge as to whether or not patients filed any complaint forms.

I asked her if she had ever seen police rush in and handle a patient as she witnessed with [REDACTED]. She said "no." She said usually police contact staff for a briefing before they get involved with a patient unless the situation is out of control. I asked her if [REDACTED] was doing anything that required police to respond immediately without consulting staff. She said that was not a "yes or no question." I told her it was. She added that [REDACTED] had been escalating recently with his behavior. I asked her what [REDACTED] was doing when he was walking away from officers that required police to use physical force. She said I would have to ask the police officers.

I asked RN [REDACTED] if she was trained in techniques to physically control a patient. She said she was. I asked her why staff did not step in to do a floor containment or a wall containment on [REDACTED]. She said that was a good question. She then said the police handled the situation and I would have to ask police. I told her she was not answering the question. I again asked her why level of care staff did not physically restrain [REDACTED]. She said she did not know. RN [REDACTED] continued to avoid answering my questions and she became frustrated.

I explained to her that I believed, based on her statement and the statement of others, the reason why level of care staff did not physically control [REDACTED] was because he was not doing anything that warranted physical force to be used on him. I told her it was my opinion she was being purposefully creative and vague with her answers to my questions. I told her I have similar work experience as her and I know how things happen within the facilities. She replied, "You don't work this place." I told her OLES was created to help. She started whispering something to

herself and started crying. She said all she could say was the officers were doing their job and did not mean to hurt the patient. She added they could have done better though.

I asked her how the officers could have done better and what options the officers had available to them to help the patient. She said the officers could have talked to [REDACTED] first and give him some options. She said he was only given the option to go to the wall. She said the incident may have resolved itself without police involvement.

INTERVIEW OF PSYCHIATRIC TECHNICIAN [REDACTED]

The following summary was completed by Inv. Jones:

On July 5, 2017, at approximately 1800 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of [REDACTED] in a conference room at DSH-Napa. The following is a summary of the information provided during the interview.

[REDACTED] stated she has been a Psychiatric Technician since January 2015, and has worked for DSH for approximately three plus years. [REDACTED] stated she was working on March 23, 2017 assigned to T-13, PM shift (1430 – 2315 hours).

[REDACTED] stated she came back from extended time off in February 2017 and found [REDACTED] was assigned to T-13. [REDACTED] familiarized herself with [REDACTED] by reading his chart history. [REDACTED] stated [REDACTED] has history of being aggressive with staff and sexually inappropriate verbally with female staff when he was decompensating.

[REDACTED] stated she has witnessed [REDACTED] be verbally abusive and aggressive toward staff. [REDACTED] stated there was incident in the past where [REDACTED] was stating, "Fuck you, fuck all you bitches, you Filipino bitch."

[REDACTED] was asked if she remembers an incident where [REDACTED] threatened to harm anyone. [REDACTED] stated she honestly does not remember because so much goes on in the unit. [REDACTED] stated she has never seen [REDACTED] hit anything, just be verbally aggressive. [REDACTED] stated she has never seen [REDACTED] physically assault anyone or try to hit anyone.

[REDACTED] was asked if she is aware of [REDACTED] making threats to harm staff or patients. [REDACTED] stated, "I am aware of the history, but I don't know exactly what." [REDACTED] stated she knows about the threats from reading [REDACTED] charts.

[REDACTED] was asked if she was told in a briefing by anyone about [REDACTED] making threats to harm anyone. [REDACTED] stated, "Not a briefing, but I mean like working on T-14 the staff would tell me." [REDACTED] stated when staff would tell her to be careful around anyone they would mention [REDACTED]

[REDACTED] stated on March 23, 2017 she was working T-13 as the medication nurse on PM shift. [REDACTED] stated she was in the courtyard as support because all the patients were in the courtyard for picture day. [REDACTED] stated she was sitting on a bench chatting with patients. [REDACTED] believed there were about seven other staff on the courtyard along with approximately twenty patients.

[REDACTED] stated she was sitting on the west side of the courtyard. [REDACTED] was sitting on the east side sitting down talking with Doctor [REDACTED]. [REDACTED] stated she could hear [REDACTED] getting loud. [REDACTED] stated she stood up to walk closer, but Dr. [REDACTED] hand signaled her to stop that it was okay.

[REDACTED] stated [REDACTED] stood up and was looking down at the doctor who was still seated. [REDACTED] was saying, "Fuck you" several times pointing at the doctor. Dr. [REDACTED] stood up and was telling [REDACTED] to calm down. [REDACTED] stated she thought to herself maybe she should activate her alarm because [REDACTED] is not stopping. [REDACTED] continued to be verbally aggressive, so [REDACTED] told [REDACTED] he should go to the side room because he seemed upset. [REDACTED] stated [REDACTED] walked to the north side of the courtyard and started kicking the chairs, and the chairs were flying. [REDACTED] stated that is when she activated her alarm.

[REDACTED] stated they offered the side room again, but [REDACTED] turned around and began rattling the gate on the north side of the courtyard. [REDACTED] stated [REDACTED] began pointing at them. [REDACTED] stated [REDACTED] focused on Psychiatric Technician [REDACTED] saying it was his fault, then pointing at them saying, "fuck you bitches." [REDACTED] stated [REDACTED] was telling them to call the police, have them come and get him. [REDACTED] stated [REDACTED] knew the alarm had been activated. [REDACTED] stated [REDACTED] had reached crisis, he was red and he was shaking.

[REDACTED] stated Dr. [REDACTED] was standing near her, so she told the doctor now that support has arrived I am going to get the [REDACTED] medication for [REDACTED]. [REDACTED] said when she came back she was next to Dr. [REDACTED] and everybody else was in front of them trying to talk to [REDACTED]. [REDACTED] said she told Dr. [REDACTED] that [REDACTED] might need an IM (inter-muscular injection), and Dr. [REDACTED] told her to go get the IM ready. [REDACTED] stated when she came back outside from getting the IM, [REDACTED] was already on the ground.

[REDACTED] was asked if she remembers [REDACTED] making in threats to harm Dr. [REDACTED]. [REDACTED] stated, "I don't recall."

[REDACTED] was asked if [REDACTED] made any direct threats toward any of the staff. [REDACTED] stated, "I remember him saying like, I am going to get all of you guys." [REDACTED] stated she took the statement as a threat, that he would harm or hit them.

[REDACTED] stated when enough people (staff) showed up she went inside to prep the medication. [REDACTED] stated Dr. [REDACTED] stayed in the courtyard the entire time, she was the only one that went back inside the treatment unit. [REDACTED] was asked if she was sure Dr. [REDACTED] didn't go inside. [REDACTED] stated, "I am pretty sure Dr. [REDACTED] stayed out there."

[REDACTED] stated when she came back out onto the courtyard with the pill, Dr. [REDACTED] was still out there. [REDACTED] stated Dr. [REDACTED] didn't move much, he kept his distance. [REDACTED] stated when she came back out from getting the medication (pill) police were coming in through the gate. [REDACTED] stated there was one person in (past the gate) and everybody else was walking in.

[REDACTED] was asked if she could see the north gate clearly, and she stated yes. [REDACTED] was asked if she was able to see patient [REDACTED] clearly. [REDACTED] stated, "Honestly, I like was talking to Doctor, I said I need to go get a PRN, like that was the first thing in my mind, I need to get a PRN."

[REDACTED] was asked who the first police officer was that came through. [REDACTED] stated, "I don't know. I don't know the cops." [REDACTED] was asked if she knows any of their names. [REDACTED] stated, "I know none of them!" [REDACTED] described the first officer, as a white male, young, with short brunette hair. ([REDACTED] could not recall height, weight, or facial hair).

[REDACTED] was asked, when the one came in was he walking, jogging, or running? [REDACTED] stated, "You can't really move fast because you are coming in. They all came like trotting to the...their port is right outside so, yes I saw them run." [REDACTED] was asked when the gate was opened you saw

one person come in, correct. [REDACTED] stated, "yeah one person and the rest following. They didn't run." [REDACTED] was asked if they were walking. [REDACTED] stated, "Uhh they were moving swiftly, they were quick, it wasn't walking."

[REDACTED] was asked where [REDACTED] was at when the officers responded quickly. [REDACTED] stated, "He was a little bit to the side of the courtyard, the fence." [REDACTED] clarified to the west side of the gate. [REDACTED] was asked if [REDACTED] was facing the officers or away from the officers. [REDACTED] stated, "I don't know. I don't remember."

[REDACTED] was asked if the one officer who came in first, was he moving toward [REDACTED] stated, "yes." [REDACTED] was asked what [REDACTED] was saying or doing before she left. [REDACTED] stated, "Umm like the whole incident?" [REDACTED] was asked the snapshot of time just before you left what was [REDACTED] saying or doing. [REDACTED] stated, "All I can recall is that I really don't remember what exactly because, I was already kind of like shaken. Once you pull the alarm it's like oh man you kind of...you have adrenaline. So right when people showed up like I said I went right inside. I don't really remember what he said, but I know he was out on a big rant, like a lot of fuck you's."

[REDACTED] was asked if she knows if [REDACTED] was facing the officers. [REDACTED] said she did not recall. [REDACTED] was asked if [REDACTED] was threatening the officers. [REDACTED] stated, "Umm...actually, what did he say...I think he said like, come get me. He was so loud." [REDACTED] stated [REDACTED] was yelling "come get me" as the officers were coming in.

[REDACTED] was asked how long she was inside getting the IM medication. [REDACTED] stated, "It takes awhile, I would say...no more than five minutes." [REDACTED] was asked the first time when she grabbed the pills, how long was she off the courtyard. [REDACTED] stated one to two minutes.

[REDACTED] was asked, the second time you came out [REDACTED] was on the ground. Was the incident done, or was he struggling with officers? [REDACTED] stated, "So by then there was a lot going on, there was a lot of people there. All I heard them...When I came out with the IM's I was kind of shaken. I was like okay...when your drawing meds you have adrenaline, so I came out with the tray, with the injectables, and I remember someone was running in, it was like we need towels he's [REDACTED] someone dial 7. So when I came out with the injectables he was already [REDACTED] laying on his stomach on the side."

[REDACTED] was asked if she noticed any injuries. [REDACTED] [REDACTED]. [REDACTED] could not remember specific injuries just a lot of blood. [REDACTED] stated [REDACTED] was conscious and still yelling saying, "I am going to get you guys for this."

[REDACTED] was asked if any Hospital Police Officer (HPO) interviewed her. [REDACTED] stated yes and believes Officer Becerra interviewed her. [REDACTED] was asked why she knows Becerra's name and none of the others. [REDACTED] stated Becerra works the PM shift and he waves when he walks by.

[REDACTED] stated she told Officer Becerra she activated the alarm because [REDACTED] was being verbally aggressive with the doctor and that she didn't see anything because she went back inside to grab medication. [REDACTED] acknowledged she was not asked a lot of questions about the incident.

Investigator Davis read to [REDACTED] the statement prepared by Officer Becerra after he interviewed her. [REDACTED] stated the statement was correct. [REDACTED] was asked if she heard [REDACTED] make the statement "I will kill you all". [REDACTED] stated yes. [REDACTED] was asked if there was anything she said that was left out of the statement. [REDACTED] stated it was accurate that the interview was quick.

[REDACTED] was asked why she pulled her alarm. [REDACTED] stated "Because I felt threatened by him. Everyone there on the unit like the Psych Techs are fairly new. So it's just like for me when a person is able to activate a level of fear I activate my alarm."

[REDACTED] was asked if she discussed what [REDACTED] was doing with any of the responding officers. [REDACTED] stated no. [REDACTED] was asked if the officers had any knowledge of what she saw, heard, or felt. [REDACTED] stated no.

[REDACTED] was asked if [REDACTED] had anything in his hands during the incident. [REDACTED] stated, "I honestly don't know." [REDACTED] was asked if she remembers [REDACTED] picking anything up or using anything as a weapon. [REDACTED] stated, "I don't recall."

[REDACTED] was asked if she thought [REDACTED] was going to realistically kill all of them when he made the statement "I will kill you all". [REDACTED] stated, "Realistically kill all of us, probably not, but harm us." [REDACTED] stated the courtyard was too populated for someone to be isolated with [REDACTED] and there would be no respondents.

[REDACTED] stated when [REDACTED] kicked the chair that is what made her think he could become physical. [REDACTED] stated she does not think the police saw or knew about [REDACTED] kicking the chair.

[REDACTED] was asked if she is aware of what happened between the time she left and came back, did anyone tell her what happened. [REDACTED] stated; "No, well in a debriefing...we didn't really debrief, all I heard was my peer say it was a very traumatic experience. That is all she told me." [REDACTED] stated [REDACTED] told her it was traumatic.

[REDACTED] was asked if any patients had a problem with what happened. [REDACTED] said they had a debriefing for the patients in the day hall approximately an hour or two after the incident. [REDACTED] stated she was present for the debriefing and it didn't go very well. The patients were really upset. [REDACTED] stated one patient [REDACTED] was stating it wasn't right, that it was excessive force, and he was going to contact patients' rights. We had a bunch of forms and passed them out to the patients and told them we were here if they wanted counseling or to talk about what happened. [REDACTED] stated she does not recall seeing anyone complete the forms.

[REDACTED] was asked if anyone has talked to her since the incident occurred. [REDACTED] stated [REDACTED] told her how traumatized she was and she took the next day off, but she had not talked to anyone else. [REDACTED] stated her unit supervisor told them not to discuss the incident since it was an ongoing investigation.

[REDACTED] was asked if she knows of an incident where [REDACTED] carried out one of his verbal threats. [REDACTED] stated no but she read and heard he has assaulted staff in the past.

[REDACTED] was asked if Dr. [REDACTED] ever told her to pull the alarm. [REDACTED] stated no.

[REDACTED] was asked if Dr. [REDACTED] had ordered an IM being given to [REDACTED] had would that have been handled. [REDACTED] stated [REDACTED] would have been escorted to a side room by level of care staff or officers if level of care staff could not handle it. [REDACTED] stated it situations like that there is usually a conversation with officers on how to handle it.

INTERVIEW OF UNIT SUPERVISING REGISTERED NURSE [REDACTED]

On July 18 2017, Inv. Jones and I were escorted by OSI Investigator Jessie Gallegos to the unit T-13 Courtyard. We were taking additional photographs of the north/west corner of the courtyard

when a staff member approached us. There were no other patients or staff in the courtyard at that time. I greeted him and he immediately referenced that the area we were observing was where [REDACTED] tripped and got hurt. I had not discussed anything about the case to him at that point. I asked him who he was. He identified himself as [REDACTED] RN [REDACTED] was not listed as a witness in NSH 17030418 but he was listed in the information report NSH 17030419 as a witness.

Since I had an opportunity to narrow down where the physical altercation between HPO's and [REDACTED] occurred, I asked RN [REDACTED] to indicate where [REDACTED] hit the wall. He pointed to the area where the west and the north perimeter walls meet. More specifically, he pointed to an area approximately 4 feet to the left of the actual corner and a couple feet off the ground. He believed that was where [REDACTED] head struck the concrete. I asked him how he knew that and he said he remembered there was blood all over the wall and the ground in that area. Inv. Jones and I looked for any remaining blood on the wall or dirt floor but did not locate any. RN [REDACTED] added that some furniture had recently been moved and now a metal bench was near the area where [REDACTED] was taken to the wall and a wood planter box was placed near the north wall, just west of the north gate. He said the bench and planter box were not there during the incident.

[REDACTED] started talking about the incident without us asking him questions. I told him that since we identified him as a witness we would like to take more official steps to set up an interview at a later time. He again said that all of the involved parties tripped and fell. I asked him why he believed they tripped. He asked me something similar to, "Why would the police want to hit the patients head into the wall?" RN [REDACTED] added that [REDACTED] "wrote a check his ass couldn't cash." I thanked him for introducing himself and he walked away. This encounter was not digitally recorded.

On July 20, 2017, Inv. Jones and I conducted a digitally recorded interview of Supervising Registered Nurse (RN) [REDACTED] at Napa State Hospital. We were in RN [REDACTED] office. The following is a summary of the information provided during the interview:

RN [REDACTED] has worked at NSH since 2008. Some of his responsibilities include management of 25 staff members. He also is responsible for staff providing appropriate patient care. He said he sees and deals with patients' everyday but he does not give them treatments or medications. He described himself as the intermediary between patients and the patients' clinical team. He also said he advocates for patients when it is called for.

RN [REDACTED] worked March 23, 2017 for his regularly assigned shift of 0800 to 1700. I then asked him to tell me what happened that day with [REDACTED]. He said the day of the incident; he was sitting in his office. He looked out his window as an alarm was pulled. RN [REDACTED] said he immediately responded to the courtyard.

Investigator's Note: RN [REDACTED] office was on the first floor and on the south side of the T-13 Courtyard. The window to his office faces out towards the north, across the courtyard. His window is large and covered with a film of dust. I was able to see out onto the courtyard and was able to make out shapes, colors and furniture on the courtyard.

RN [REDACTED] entered the courtyard from the south/east building entrance. He said he saw several officers in the courtyard. Two officers advanced on [REDACTED] from behind. He said at that time he was 75 feet away from them. It appeared to him that they grabbed [REDACTED] by his arms. It then appeared that they went down in a "heap" in the corner of the courtyard. RN [REDACTED] said

he got closer and was able to hear [REDACTED] cursing at the police, "I will kill you all", "I hate you cops," "You are going to hear from my Attorney." He remembered [REDACTED]

Officers tried to contain [REDACTED] as he continued to struggle. RN [REDACTED] advised the HPO's that [REDACTED] need and ambulance. He said AMR Ambulance arrived and took over.

I asked about his history with [REDACTED] on T-13. He believed [REDACTED] had been on unit T-13 at least one month. He had no prior experience with [REDACTED] before that. He was unaware of any past problems with [REDACTED]. He did not know whether or not [REDACTED] had a prior history of being verbally or physically assaultive towards others. He did not recall ever witnessing [REDACTED] be verbally or physically aggressive towards others. I asked him if a patient being verbally or physically aggressive towards others would stand out in his mind. RN [REDACTED] said the behavior would stand out to him if it were serious. He added he did not recall any serious issues with [REDACTED]

I asked him to describe his experience with [REDACTED] as a patient. He explained that [REDACTED] was easily agitated by his peers. He was "mostly cooperative" with staff requests regarding his medications and treatments. I reminded RN [REDACTED] of my brief conversation that I had with him on July 18, 2017. I also reminded him that he told me that [REDACTED] "write checks his ass can't cash." I asked him what he meant by that. He referenced a second-hand report he had received where a staff member walked by the courtyard gate and heard [REDACTED] threatening cops. [REDACTED] said he was going to kill cops. He said staff member PT [REDACTED] documented the incident in [REDACTED] medical chart. RN [REDACTED] did not know the date of the incident. HPO's were aware of the threats and interviewed [REDACTED] about the threats. He recalled that staff were expressing some concerns over what PT [REDACTED] had heard [REDACTED] say. No one documented the incident but SRN [REDACTED] later had PT [REDACTED] document the incident so it would be on record.

I went back to his statement regarding [REDACTED] writing checks his ass could not cash. I told him usually that means that someone is making threats or promises that they cannot possibly accomplish. I added examples of a small person picking on a large person, or someone saying things that are physically impossible for them to do. SRN [REDACTED] said that [REDACTED] statements that he was going to "kick the cop's ass" was a similar example. I asked him if he thought [REDACTED] was capable of harming HPO's and he replied, "No I don't." He described [REDACTED] as short, approximately [REDACTED] and elderly. [REDACTED] was not physically fit. He said though that he would not underestimate any patient in a mental facility.

We then discussed more detail about the incident. He again said he was in his office when he heard yelling outside. He could not hear what was said. He said the alarm sounded within seconds of the hearing the commotion. He responded directly to the courtyard and he estimated that it took approximately 10 seconds for him to get from his office to the courtyard.

I asked him to describe what he saw when he entered the courtyard from the south/east corner. He said Dr. [REDACTED] was near a bench on the east side of the courtyard. Many patients were in the courtyard at the time because of picture day. RN [REDACTED] remembered RT [REDACTED] was running the event. He also believed SW [REDACTED] was on the courtyard. He saw people moving rapidly around the courtyard. He did not initially see [REDACTED]. He started to go towards the north/west corner of the courtyard. HPO's were already on scene and two HPO's were already inside the courtyard. Several others were coming in through the gate. I asked him if he knew

who any of the HPO's were. He identified one of them as HAUSCARRIAGUE "Junior". He remembered Ofc. Tweedy arrived at some point as well.

RN [REDACTED] identified HAUSCARRIAGUE as one of the HPO's that made physical contact with [REDACTED]. He described him as at least 6' tall, muscular and 250 lbs. He was a white male in his 20's to 30's. He also had a short haircut. He said another uniformed officer made contact with [REDACTED] as well and could only describe him as Caucasian, 25 to 35 years old, with a similar size to HAUSCARRIAGUE, just less muscular.

He estimated approximately 20 patients were in the courtyard during the incident. He remembered patient [REDACTED] was present and close to the incident. RN [REDACTED] said another patient was "triggered" by the incident but he could not recall the patient's name. He did remember the patient was loudly proclaiming, "Cops shouldn't do that. That's wrong." He added a majority of the T-13 patients witnessed the incident on the courtyard and he remembered many of the patients that were not in the courtyard were watching the incident through the building windows.

RN [REDACTED] walked quickly towards the incident. He saw the two HPO's catching up to [REDACTED] as [REDACTED] was walking west towards the wall. RN [REDACTED] said he was only about 20 feet into the courtyard at that time. He had patients and other things obstructing his total view. He then heard a very loud sound that was similar to a watermelon hitting the concrete.

I had him provide more detail of the actual contact between [REDACTED] and the two HPO's. He said he saw each officer grab each of [REDACTED] arms but he could not provide more details. He did recall [REDACTED] did not have anything in his hands to include weapons. RN [REDACTED] said he would have remembered if [REDACTED] had a weapon in his hands. I asked him if [REDACTED] said anything to the HPO's prior to the contact. He paraphrased [REDACTED] as saying, "Fuck you cops, leave me alone. Fuck you." I asked him if [REDACTED] threatened police verbally prior to them physically contacting him. He said he did not believe so. I asked if HPO's gave [REDACTED] any orders or directions. He said he did not hear any but he was told later that police had ordered [REDACTED] to go towards the wall. He did not witness HPO's order [REDACTED] to stop or get down on the ground.

I asked RN [REDACTED] how close [REDACTED] was to the wall when HPO's contacted him. He said they were within three to four feet of the wall when they caught up to [REDACTED]. I asked him, based on what he saw the officers doing, did he believe they were attempting to perform a floor containment or a wall containment. He believed they were trying to do a wall containment. I asked him why he believed that. He said he ascertained that they did not intend to slam [REDACTED] to the ground. He believed the cement curb on the ground caused [REDACTED] to trip when the officers grabbed him, causing them all to hit the wall. He said usually officers are very careful with the patients and he has never witnessed HPO's abuse a patient.

I asked RN [REDACTED] if [REDACTED] was able to fight or struggle with officers at all. He replied, "No, he was totally, I would say cooperative. He was still mouthy." [REDACTED] continued to curse at officers but he was not fighting them. I asked him if [REDACTED] ever had an opportunity to turn towards officers. He said, "No he did not." I asked if [REDACTED] ever had the opportunity to turn towards HPO's and take any type of aggressive fighting stance with them. He replied, "Not that I witnessed, No."

I asked RN [REDACTED] if he had a clear view of the altercation with [REDACTED] and officers. He said he did and he was within 20 feet of the physical altercation. He said he was able to clearly see

their feet during the incident. I asked him why he was "assuming" [REDACTED] tripped as opposed to "knowing" that he tripped. He paused a moment. He then said that he saw [REDACTED] "go down first", [REDACTED] legs got caught, everyone leaned forward and then everyone went down. I told him he described HAUSCARRIAGUE as 250 lbs and the other officer was 220 pounds, both approximately 6' tall, in their 20's that were dealing with an elderly unfit male that was [REDACTED] tall [REDACTED]. I asked him if almost 500 pounds of relatively healthy men could hold [REDACTED] up by each of his arms if he tripped on a curb. He replied, "You'd think so." He then added the officers might have tripped too, but he did not know if they did.

RN [REDACTED] believed HAUSCARRIAGUE was on [REDACTED] right side but he was not completely sure. He said the officers had gained a lot of momentum by the time they caught up to [REDACTED]. He believed the momentum combined with [REDACTED] tripping resulting in [REDACTED] hitting the wall. I again tried to clarify if he actually saw [REDACTED] trip and I asked him if he would say with absolute certainty that [REDACTED] tripped. He replied it looked to him like [REDACTED] tripped. I asked him if he was making an assumption that [REDACTED] tripped based on him seeing [REDACTED] body go towards the ground within close proximity of the concrete curb near his feet. He said he was assuming that [REDACTED] tripped.

I asked him what happened once [REDACTED] went to the ground. He said he remembered there was blood smeared on the wall. [REDACTED]

[REDACTED] He believed HAUSCARRIAGUE hit his head on the wall during the altercation as well. He heard that HAUSCARRIAGUE hit his head and received a [REDACTED] but he did not actually see it. He again said he heard a very loud sound of a head hitting the wall. He only heard one loud sound, not the sound of two heads in succession. [REDACTED] did not lose consciousness as evidenced by his continual yelling and cursing at officers. [REDACTED] struggled with officers on the ground but HPO's had control of him as he tried to wriggle from their grasp. He said no officers used any type of force on [REDACTED] after he went to the ground [REDACTED]
[REDACTED]

I asked RN [REDACTED] if HPO's contacted any staff prior to contacting [REDACTED]. He said he did not see officers speak with any staff and they focused on [REDACTED]. He said they did not consult with him prior to contacting [REDACTED]. I told him I have learned that it is common for HPO's to make contact with staff prior to making contact with a patient to help avoid physical confrontations. He said, "In hindsight I wish it would have been done that way." He said more senior officers have a history of calming patients down by talking with them. He said usually the patients just need to vent. I asked why this situation was different. He said he believed experienced officers were not present at the scene. He said other officers are better at talking with the patients to resolve conflict and aggressive behavior. He said it is a more therapeutic method and results in less injury to patients and staff. I told him the officer could have been seriously injured in his containment of [REDACTED]. He added that he could not see an officer purposefully slamming his own head into a wall.

I asked RN [REDACTED] if he administered an incorrect medication to a patient that resulted in the patient's serious injury or death, but did not intend to harm the patient, should he be held accountable for what happens to the patient. He said that he would still be accountable and responsible. I asked him if that was at all similar to the event he had witnessed with [REDACTED] and HPO's. I asked him if HPO's should be held accountable for the serious injuries [REDACTED] received. He did not answer the question but said he has told patients that police officers are going to treat patients differently than nurses. I told him that HPO's are unique and different from "street cops." I advised him that the public and media are paying attention to how officers

treat the mentally ill. I told him HPO's are trained above and beyond a "street cop" in regards to handling mentally ill patients. He said some of the HPO's are very skilled at de-escalating seriously aggressive patients.

RN [REDACTED] said all level of care staff were trained in TSI. He believed HPO's were trained in some form or level of TSI as well. I asked him how the situation would have been handled by level of care staff if police never responded. I asked him if he believed [REDACTED] behavior warranted physical restraint of [REDACTED] by staff. He said [REDACTED] "Wasn't hurting anybody but me, I was told, the courtyard chairs. He was kicking the green chairs around." He said with the amount of staff that responded, they could have had the situation well under control. They would have moved the patients out of the courtyard. They would have tried to de-escalate [REDACTED] because they are trained in TSI. Patients will escalate to a peak and then start to de-escalate on their own eventually. He said they would not be in any hurry to intervene because he was not hurting anyone or himself. He would give [REDACTED] time to calm himself down and they would offer him medication. If he refused the medication they would possibly use TSI to do a wall containment or place him in Velcro cuffs if he was struggling. The goal was to minimize injury to the patient and staff.

I asked him if any police interviewed him as a witness after the event. He said he was present and available but no one talked with him. He did not know why they did not talk with him.

We then talked about the witness patients and how they felt about the incident they witnessed. He said Dr. [REDACTED] SW [REDACTED] and himself did an impromptu therapeutic community meeting with the patients in a dayroom. He said the intent was to hear their impressions of what they saw. I asked what patient impressions were. He said they thought the incident was "not right" and "over the top." They did not believe HPO's should have treated [REDACTED] like they did. Dr. [REDACTED] reminded them HPO's were not going to treat patients like nursing staff would have and the staff were sorry about what happened. They offered to meet on a one-to-one basis with any patients that were especially disturbed by the incident. He said he believed some of those private meetings occurred.

RN [REDACTED] said he used the incident as a teaching opportunity to remind the patients to follow the orders of HPO's. I told him that it sounded like [REDACTED] did follow orders. SRN [REDACTED] frustratingly said, "I know. I know." He said he was just trying to relieve stress of the patients. I asked him if he recalled patients being given any patient's rights complaint forms. He said they had so many requests for complaint forms that they had to go get another pad of them to hand out. He told patients after the meeting that if they believed they witnessed something that they believed was wrong, they could file a complaint. I asked him if he witnessed any patients complete the form. He said he assumed they did. I asked him why. He said he had many envelopes in the mail the next morning that were addressed to "Patient's Rights." He estimated maybe three or four complaints were in the mail.

RN [REDACTED] described the envelopes he saw in the outgoing mail the next day. He said the complaints were in business envelopes. He said he usually checks the mail when he comes on shift in the morning. I asked him why he believed the envelopes contained patient's rights complaint forms. He said, "Because they were thick and had 'Patient's Rights' on the front of them." He said they were handwritten by patients and properly addressed. He further explained that staff do not read the complaint forms. He said staff would visually inspect the contents of a letter to make sure it did not contain contraband. The letter would be handed back to the patient so they can seal the envelope in front of staff. The mail was then given directly back to staff

through a mail slot in the secured nurse's station. The mail then gets placed into an outgoing mailbox to be picked up later for delivery by an Office Technician. He did not know which Office Technicians picked up the mail containing the complaints but it was likely [REDACTED] or [REDACTED]. It would then go to the program three office in the lobby. There is a yellow mail sack in the office. The bag of outgoing mail is swapped out with the incoming mail and he did not know what happens with the mail after that.

I asked RN [REDACTED] if there were any meetings or conversations about the incident after March 23, 2017. He did not believe so.

I asked RN [REDACTED] if he was aware what [REDACTED] was in Jail for. He said he read in the newspaper that he was arrested for "several felonies." I summarized [REDACTED] charges and I asked him what he thought about that. He replied, "I think he was over charged." I asked him why he thought that. He said you should be held responsible if your actions resulted in the injury of an officer but he did not believe this incident rose to a felonious level. I told him one of the charges against [REDACTED] was due to his failure to refuse officer orders. He believed that may have been when [REDACTED] struggled on the ground when police told him to put his hands behind his back. He then added that [REDACTED] replied to officers, "I can't, you're on me!"

I then summarized some of the responding police officers written reports about the incident. I described an incident where [REDACTED] was threatening to kill people as the officers arrived. Officers believed other patients and staff were at risk of being harmed and they entered the courtyard. [REDACTED] turned towards the officer, took an aggressive stance, and told the officer he was going to kill them and they should go get him. HAUSCARRIAGUE then attempted to take [REDACTED] to the ground. RN [REDACTED] looked a bit puzzled and replied, "Hmmm." [REDACTED] was reported to break free from the officer and then pushes him down to the point where [REDACTED] was able to pull his feet from the officer's grasp. The momentum of [REDACTED] and the officer then shifted from the left towards the ground, to the right towards the wall. I added that it described that the officer was actually drug by [REDACTED] into the wall. I asked him if that was at all consistent with what he witnessed. He replied, "I don't recall any of that, turning or grabbing. I just recall him walking away back to the (Sic). Officers, umm, they took control of his arms and down they went."

RN [REDACTED] was asked about how often patients are searched before they go out to the courtyard. He said they do not pat patients down regularly when they go out on the yard. He added that there can be special circumstances where patients will be searched prior to going to the yard but it is not common practice unless they have information or suspicion that a patient may be in possession of contraband. He gave an example of an incident where a chord for a karaoke machine was missing that resulted in the patients and courtyard being searched. RN [REDACTED] said that generally, staff are to inspect the courtyard whenever patients are in the courtyard to look for items that could be hazardous to the safety or security of the facility. This included searches of hiding places like bushes. He said they keep bushes trimmed down to avoid patients being able to hide items or patients in them.

I asked RN [REDACTED] about any records that would indicate which patients were on the courtyard during the incident. He said the courtyard census was still available and he provided me a copy of the form (Exhibit 18).

INTERVIEW WITH [REDACTED]

On August 1, 2017, Inv. Jones and I conducted a digitally recorded interview of former NSH patient [REDACTED] in San Jose. [REDACTED] identified himself verbally and with a Mexico identification card. [REDACTED] consented to having the interview recorded. The following is a summary of the information provided during the interview.

[REDACTED] was discharged from NSH shortly after the incident with [REDACTED]. He said the only reason he was at NSH was to get stabilized on some of his medication and treatment. He was in unit T-13 on March 23, 2017. [REDACTED] and [REDACTED] were his roommates. He had known [REDACTED] as a patient in the past. He said [REDACTED] was stable but started to "relapse" when he was on unit T-13. He believed [REDACTED] medications were changed which caused his behavior to change. [REDACTED] started to complain often about his medication to Dr. [REDACTED]. I asked if he had ever seen [REDACTED] be aggressive to staff or patients. He said he was not aggressive towards patients but he would yell at staff. He believed [REDACTED] was rude to them.

I then asked [REDACTED] about March 23, 2017. [REDACTED] remembered that was picture day for the unit. [REDACTED] was talking to Dr. [REDACTED] in the courtyard. [REDACTED] started to argue with Dr. [REDACTED] and started yelling, "Fuck this shit. Fuck this and that." A staff member pulled an alarm and the HPO's responded to the north gate. There was a soccer ball near the gate and [REDACTED] kicked it into a wall. He then saw an officer open the gate and "tackle" [REDACTED] around the waste. [REDACTED] then described [REDACTED] with the tackling officer being young, 250 to 280 pounds. He said the officer did a "football" style tackle on [REDACTED] which caused [REDACTED] to fall forward and strike his head on the lower portion of a cement wall. He said the impact made a sound similar to popping a coconut. He said [REDACTED] did not protect his own face. [REDACTED] was unconscious for 30 seconds and when he regained consciousness, he started screaming and yelling at the officers.

[REDACTED] said he does not get scared easy but the event he witnessed made him scared for his own safety. He believed the incident was police brutality against a fellow patient. He said other peers were nervous, scared and shaking about what they saw. He continued on his own saying that the patients had a meeting and he and [REDACTED] called "Patient's Rights". He said the person they talked to requested patients get identifying information of the officers but they had already "disappeared." He said patients asked for the identification of HAUSCARRIAGUE but staff would not give the name to them and the officers told the patients to "shut up" and go to their rooms.

I then got into some clarifying questions with [REDACTED]. [REDACTED] remembered [REDACTED] and Dr. [REDACTED] were near a bench in the courtyard. [REDACTED] was angry during his conversation with Dr. [REDACTED] but [REDACTED] did not threaten anyone. [REDACTED] walked away from the doctor and went towards the north gate. [REDACTED] was approximately 20 to 30 feet away from where [REDACTED] was. He had a clear view of the incident and added that patients [REDACTED] [REDACTED] [REDACTED] witnessed the event along with "RT. [REDACTED], [REDACTED] and [REDACTED]" [REDACTED]

[REDACTED] did not know who pulled the alarm. He was able to see approximately eight HPO's respond to the other side of the north gate. The HPO's told [REDACTED] to move from the gate. [REDACTED] said the HPO's did not give any other orders or directions to [REDACTED]. They did not attempt to calm [REDACTED] down at all. [REDACTED] then kicked a ball hard as he turned and walked west from the fence. Some of the officers were putting gloves on their hands. [REDACTED] believed they were waiting for more officers to arrive. One officer ran in without waiting for any

backup officers. [REDACTED] explained that at least two officers could have entered to control each of [REDACTED] arms, which he believed was safer to do. The HPO's did not give [REDACTED] a chance.

[REDACTED] demonstrated with his body as if he was the officer tackling [REDACTED]. He leaned forward, extended his arms, and ducked his head down as if a football player was tackling someone around their waste. [REDACTED] had his back to the HPO during the tackle and [REDACTED] did not see the officer coming towards him. The officer wrapped up both of [REDACTED] arms to his side and [REDACTED] was unable to protect himself or his face. He was unable to struggle with the officer or push the officer away from him. He also said [REDACTED] made no attempt to assault the officer. He estimated that [REDACTED] was approximately seven feet from the wall when he was tackled. [REDACTED] demonstrated with his body as if he was [REDACTED]. He put his hands down by his side as he said the officer tackled him. He demonstrated that [REDACTED] moved several feet forward and then fell towards the ground as a result of the tackle. [REDACTED] then struck the lower part of the wall.

[REDACTED] did not believe the HPO was injured. He did not see him hit his head. The officer was on top of [REDACTED] was [REDACTED] while the officers entered to [REDACTED] him.

[REDACTED] He indicated that [REDACTED] was yelling when his wrists were twisted. An officer put his knee on top of [REDACTED] head and his body. HPO's did not punch hit or kick [REDACTED] in any other way.

[REDACTED] said staff directed all of the patients back into the unit. The patients were placed into a room. The police did not want to talk to the patients. An officer was asked for his name but he did not provide it to the patients. They were told to "shut up" and it was none of their business. Patients talked to staff about the event being traumatic. They believed the police used excessive force on [REDACTED]. The patients felt unsafe.

[REDACTED] and the police left the scene and then the patients were released from the day room. They were also given patient complaint forms. [REDACTED] immediately had patient [REDACTED] call the Patient's Rights hotline. He explained that [REDACTED] was the patient president on the unit. [REDACTED] called several numbers from Patient's Rights posters that were posted near the nurse's station. [REDACTED] said he did not call himself because he was upset and he did not believe his English was good enough. He did not know who [REDACTED] talked to but knew the subject was a male. The unidentified male advised them to complete patient complaint forms about the incident. He said [REDACTED] called Patient's Rights at a later date and they were told the case was being investigated. They wanted to know where [REDACTED] was because he did not come back to the unit and his family was looking for him. [REDACTED] did not fill out a complaint form and he did not see anyone fill one out.

I told him the police report said that [REDACTED] was threatening to kill them on the courtyard. He replied, "No." He added that [REDACTED] did not have time to threaten police because he was tackled so quickly. I said the report said that [REDACTED] turned towards the officer and took a fighting stance with his fists clenched. [REDACTED] said that was not true. The report also said HAUSCARRIAGUE tried to take [REDACTED] down to the ground. [REDACTED] said the officer did but unfortunately, the wall was too close. I asked him if it was true that [REDACTED] had an arm free and was able to push the officer down and start to pull his legs away. He said that was not true. I told him it was reported that an officer was dragging behind [REDACTED] as they went to the wall and [REDACTED] said that was not true.

I asked him to describe HAUSCARRIAGUE. He described him as a white male, 6 feet tall, muscular in a black uniform. He had short hair. He said he tried to get his name but the staff protect the police and no one would say the officer's name. He said that police knew the patients were upset so they protected themselves and did not talk with patients or provide any information to them. He added that patients are fearful of getting in trouble with police, which hurts their chances of release. He also said that the unit Supervisor [REDACTED] would not provide the officers name. He said the RT [REDACTED] also would not provide the patients with the officer's name.

Inv. Jones asked some clarifying questions of [REDACTED] said the second officer that rushed into the courtyard was still at the gate when HAUSCARRIAGUE tackled [REDACTED] HAUSCARRIAGUE said nothing to [REDACTED] as he ran towards him. [REDACTED] did not have any weapons in his hands.

[REDACTED] also said that [REDACTED] had issues with police on his previous unit. He thought it was possible that HPO's were getting revenge on [REDACTED] for his past behavior. [REDACTED] has heard [REDACTED] and the HPO's yell at each other a couple times, but he has never heard [REDACTED] threaten police. [REDACTED] has expressed dislike for the police. He has heard HPO's tell [REDACTED] while pointing a finger at him, "We will get you back." He said police had been coming to their room for a week prior to the incident and searching it, leaving it a mess. He believed they were either messing with them or thought they were hiding something in the room. [REDACTED] has never seen [REDACTED] assault patients but he has seen him resist staff while they tried to give him medication.

[REDACTED] was surprised to find out [REDACTED] was in jail. He has had no way to contact [REDACTED] since the incident. He had been concerned about the injuries he received. He said he was a "good guy." [REDACTED] said he has talked with some of his peers at NSH and they were curious where [REDACTED] was and what happened to him. [REDACTED] was happy to have the chance to tell me what he observed with [REDACTED] and wanted to be truthful.

INTERVIEW WITH PATIENT [REDACTED]

On August 2, 2017, Inv. Jones and I conducted a digitally recorded interview of NSH patient [REDACTED] [REDACTED] consented to the interview being recorded. The following is a summary of the information provided during the interview:

[REDACTED] is housed on Unit T-13. He has known [REDACTED] from being patients together approximately five years ago. [REDACTED] came to Unit T-13 December 2016. They were roommates for a portion of their stay in Unit T-13. I asked him if he remembered an event that occurred on March 23, 2017 with [REDACTED]. He replied that [REDACTED] was "slammed to the wall" by an officer that day. He remembered it was picture day.

I asked [REDACTED] to tell me what happened that day. [REDACTED] took me back several days prior to the incident and said that [REDACTED] had been having behavior problems for several days prior to the event. [REDACTED] had been angry with his situation but was not angry at staff. [REDACTED] then went back to the day of the incident and said that [REDACTED] was kicking balls around the courtyard. He said that was a regular thing for [REDACTED] to do. He said level of care staff did not want him to kick the ball angrily. [REDACTED] went into the unit for a moment and then heard an alarm. He went back out to the courtyard and stopped near the unit entrance. He assumed the alarm was for [REDACTED] but he did not know why the alarm was pulled. This area is elevated several feet up and

allows someone to see over the entire courtyard better than if you were ground level. He said there were some people blocking his view at times.

The HPO's were on scene and told [REDACTED] to get away from the gate. [REDACTED] went away from the gate and was "slammed" by police. He further explained that [REDACTED] was walking west away from the gate with his back to the officers. He did not hear [REDACTED] threaten anyone. He said the incident happened very quickly. He did not recall seeing the officers open the gate by the time he got back out on the courtyard. He did not hear HPO's give [REDACTED] any other instructions. One HPO "rushed" [REDACTED] once inside the courtyard. I asked him if he knew the officers name. He said he and other patients asked but staff would not give them the involved officers' names. He described HAUSCARRIAGUE as a white male and "heavy set." He was bigger than the other officers. He believed he was in his 30's.

[REDACTED] described the physical confrontation to me. He indicated that the officer leaned forward and wrapped his arms around [REDACTED]. He also indicated with his own body, that [REDACTED] arms were to his sides but he did not recall if they were under the officer's grasp. He also showed with his body that [REDACTED] was hit with force causing his head to go back quickly similar to how someone would describe whiplash. He did not remember if [REDACTED] hands were available to protect his own face from hitting the wall. [REDACTED] said [REDACTED] did not try to fight any of the officers. [REDACTED] did not turn towards officers or put up his fists towards officers as if to fight them. [REDACTED] did not struggle with the officers at any time. [REDACTED] was talking really bad about the officers but he did not remember what he said.

[REDACTED] said he saw [REDACTED] head and face hit the wall approximately one or two feet from the ground. It made a loud noise. I asked him if he believed the officer was trying to take [REDACTED] to the ground or to the wall. He said he did not think the officer tried to take [REDACTED] to the wall and "probably" meant to take him to the ground.

I asked [REDACTED] to describe which patients were upset with the incident. He believed there were approximately 20 patients on the yard when the incident happened. He remembered [REDACTED] was in shock. He said [REDACTED] was the most upset about what he saw. I asked him if [REDACTED] had him do anything on his behalf after the event. [REDACTED] said he called Patient's Rights by phone. He got the phone number from the hallway wall. He said it clearly states on the poster that the number is for Patient's Rights. He said he called several numbers on the posters. He believed he called a number for patient complaints as well. He said no one answered at Patient's Rights but he left them a message. He said he called everyone he could on behalf of [REDACTED]. He said the other patients did not want to really get involved but they wanted to complain. [REDACTED] stepped up and made the phone call for them as well.

INTERVIEW WITH PATIENT [REDACTED]

On August 2, 2017, I attempted to interview NSH patient [REDACTED]. I went to his room with level of care staff. I identified myself to him and asked him if he would talk with me. He said he would. I told him that I wanted to speak with him regarding an incident he witnessed with [REDACTED]. He acknowledged he knew [REDACTED] but told me he did not want to talk to me about the incident. Interview was stopped at that time.

INTERVIEW WITH PATIENT [REDACTED]

On August 2, 2017, Inv. Jones and I conducted a digitally recorded interview of NSH patient [REDACTED] in a side room at the NSH gym. [REDACTED] consented to the interview being recorded. The following is a summary of the information provided during the interview:

[REDACTED] said he was in the unit T-13 courtyard March, 23 2017. I asked him if he witnessed an event in the courtyard between [REDACTED] and HPO's. He smiled and said he was looking down when the event happened. He added he also had his headphones on. He knew that [REDACTED] was mad but he could not give details. He also remembered an alarm was hit. He said when he looked up the patient was on the floor with HPO's around him. He did not know how it happened. He had only heard from other people what may have happened. He recalled [REDACTED] asking, "Why did you crack my face?"

INTERVIEW WITH PATIENT [REDACTED]

On August 2, 2017, Inv. Jones and I conducted a digitally recorded interview of NSH patient [REDACTED] in Unit T-6. He was a patient in T-13 before moving to T-6. [REDACTED] identified himself verbally and consented to having the interview recorded. The following is a summary of the information provided during the interview.

I told [REDACTED] that I was conducting an investigation of peace officer misconduct. I asked him if he had any idea what I may be talking about. He believed I was investigating an incident that occurred with [REDACTED]. He said patients had complained to Patient's Rights and he believed we were there to investigate the complaint. I told him we were not part of Patient's Rights and he understood.

[REDACTED] was in the T-13 on March 23, 2017. He said it was picture day for the patients during the courtyard break. He said RT [REDACTED] was in the courtyard along with a PT [REDACTED] and SW [REDACTED]. [REDACTED] was in the courtyard talking with a doctor. They were talking about [REDACTED] desire to be released. [REDACTED] became upset during the conversation. The doctor was trying to talk with [REDACTED] and prepare him for release. He remembered [REDACTED] saying, "No more Mr. Nice Guy. I am tired of this." He said loudly, "I want to go home." A lot of people started to watch the event. [REDACTED] believed he was within ten feet of [REDACTED] during the incident.

[REDACTED] kicked a chair and staff tried to calm him down. [REDACTED] said he did not want to die in the hospital. A staff member pulled an alarm. Then four or five officers responded from the police station outside of the north gate. He said the event happened so fast that he could not picture the HPO that tackled [REDACTED]. He believed the HPO may have been short and thin but he could not be sure. He said he would not be able to identify the officer even if they were all standing in front of him. He said the HPO entered the gate while [REDACTED] was west of the gate with his back to the officers. The officer ran "full speed" towards [REDACTED] when [REDACTED] was approximately one and a half feet from the wall. The officer tackled [REDACTED] from behind. The officer grabbed around [REDACTED] waist and had both of [REDACTED] arms down to his side. [REDACTED] could not put his hands up to avoid hitting the wall. [REDACTED] then "cracked" his head on the wall. [REDACTED] said PT [REDACTED], RT [REDACTED] and SW [REDACTED] were astonished at what they witnessed. He added witnesses said, "Oh no" and they thought [REDACTED] might be dead. [REDACTED] saw blood splattered on the cement wall and on the ground. [REDACTED] believed HPO's used unnecessary and excessive force on [REDACTED].

[REDACTED] said staff directed the patients back into the unit and into one room. He said the door was locked and he believed staff were trying to keep patients safe from the HPO's. He said patients wanted to call their families because they were scared about what they had witnessed. Staff would not allow them to use the phone initially. [REDACTED] said the ambulance came and [REDACTED] was transported.

I then asked clarifying questions of what [REDACTED] witnessed. I asked him again if he heard what type of statements [REDACTED] made to staff. He said [REDACTED] was only saying, 'No more Mr. Nice Guy' and he did not threaten to assault any patients or staff. [REDACTED] did not say he was going to kill anyone, including the officers. He added that [REDACTED] followed an officer's orders to move west away from the gate. I asked him if the officer that tackled [REDACTED] said anything to him while running towards [REDACTED]. He believed he may have been the same officer that told [REDACTED] to walk away from the gate. The officer only told [REDACTED] to calm down after they were already on the ground. [REDACTED] said, "You got me man, I am down, I am down." [REDACTED] then went into the unit and did not hear anything else.

For clarification, I asked [REDACTED] if HPO's ever told [REDACTED] to "Stop," "Put his hands up," or to "Lay down on the ground." He said they did not, and only told [REDACTED] to walk away from the gate. [REDACTED] then volunteered on his own that [REDACTED] did not turn around and "Swing on that officer." I asked if [REDACTED] turned around at all. He said he did not and [REDACTED] was surprised, along with the witnesses, because [REDACTED] did what he was told to do. [REDACTED] never put his fists up to the officer. He never took a fighting stance with the officer. [REDACTED] back was to the officer the entire time. [REDACTED] said he had a clear and unobstructed view of the incident. Runner's vision is good and he said he only uses glasses for reading.

I then asked for more clarification regarding how [REDACTED] physically demonstrated the tackle of [REDACTED] by HAUSCARRIAGUE. [REDACTED] again said the officer made a football style tackle by running full speed, and lowering his upper body towards [REDACTED] while reaching around his mid-section and wrapping both his arms around [REDACTED]. I asked [REDACTED] if he believed HAUSCARRIAGUE was trying to take [REDACTED] to the wall or to the ground. He said he had no idea and he did not know if the officer intended to do what he did. He did believe the officer was able to see though that he should not have done what he did. He recognized the officer had to make a quick decision but he believed HPO's are trained on how to deal with mentally ill people, in crisis situations. [REDACTED] said, "I feel the officer made a wrong judgement, a wrong call." I asked if he believed the incident required physical intervention by the officer. He did not believe so. He said the officer could have engaged in conversation with [REDACTED] or helped him rationalize the situation.

I asked [REDACTED] if [REDACTED] had verbalized to him that he wanted to hurt staff. He said [REDACTED] was so happy that his family had been visiting him on a regular basis and his family "forgave him." [REDACTED] had been talking about getting to go home. I asked if he ever witnessed [REDACTED] be violent. He said he would yell on the unit and staff would intervene. He remembered one or two occasions where staff had pulled the alarm to get [REDACTED] into a seclusion room. [REDACTED] said [REDACTED] talked a lot but he never saw him fight anyone.

I asked [REDACTED] if he ever completed a Patient's Rights complaint form regarding the incident. He said he did not because two other patients had already made complaints. He identified them as [REDACTED] and [REDACTED]. He saw them call Patient's Rights. He did not believe anyone else completed complaint forms. He did not believe anyone else called Patient's Rights.

We asked if [REDACTED] had been talking with HPO's more recently prior to the incident. He did not see that. He did not believe officers had been searching [REDACTED] room but believed level of care staff did.

We also asked him if HPO's talked with level of care staff in the courtyard during the incident with [REDACTED]. He said they did not. He said usually HPO's will ask staff what the problem is and which patient(s) are involved. He said they would ask if the patient had a weapon or if he was in harm's way. HPO's just responded to the alarm and focused on [REDACTED]. He said he did not know why they even chose [REDACTED]. He did not know [REDACTED] to have a history of having or manufacturing weapons. [REDACTED] did not have anything in his hands during the incident.

I asked [REDACTED] if he had any questions before we discontinued the interview. He said he felt sorry for the officer and "Maybe he could've acted a little differently." He was thankful that someone was following up on the incident and afforded him the opportunity to get it off his chest.

INTERVIEW OF PSYCHIATRIC TECHNICIAN [REDACTED]

On August 09, 2017 Inv. Jones and I conducted a digitally recorded interview of PT [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

PT [REDACTED] did not witness the incident that occurred with [REDACTED] on March 23, 2017. PT [REDACTED] works in Unit T-14 which is the unit directly above T-13. PT [REDACTED] was in the med room preparing patient medications. The window was open and he was able to hear [REDACTED] talking on the T-13 courtyard. He was able to identify his voice and identity because [REDACTED] was a patient on T-14 at one time. PT [REDACTED] said the visibility out of the window was poor so he was able to see [REDACTED] but could not see who he was talking to. [REDACTED] was talking loudly. PT [REDACTED] could not identify any staff. He went on to say that [REDACTED] said he [REDACTED] did not belong at NSH, and he wanted to go to prison. PT [REDACTED] then said that [REDACTED] told someone he was going to "kill a police officer." PT [REDACTED] followed that statement with saying, "Or something like that."

PT [REDACTED] said he thought about what [REDACTED] said for a while. He said he figured that the T-13 staff likely heard the statements and were addressing it. He said he did not know if they did though. PT [REDACTED] said he spoke about it with HPO's and his shift lead and unit supervisor so they were aware. He said one of the supervisors was Senior PT [REDACTED]. [REDACTED] believed threats needed to be taken seriously. He added that patients say things commonly about officers every day. I asked him if he heard these threats from [REDACTED] in January, February or March and he just replied "Sure." He said he did not know when the threats were made.

I told PT [REDACTED] that he described [REDACTED] threatening statements to me but he ended with "or something like that." I then asked him what he recalled hearing, not what he thought he heard. He replied, "Exactly what I said. I mean to that affect without slang without his... (Sic)." I told him he could use slang if he wanted and he replied, "I mean I can't sit there and give you verbatim, you know but what I'm hearing is that he's talking with a peer. I didn't even hear a peer's voice responding like he's monopolizing the conversation. It's obvious that he's mad. Saying that he doesn't belong here, you know, and why do they keep F'ing with him, you know, he he would rather be in prison and he'll kill a HPO or it doesn't even matter, you know, if they just show up on the unit, you know, he's gonna make something happen. To that affect." I

asked him if it was a brief conversation. He said the conversation went on for a while but PT [REDACTED] had heard all he needed to hear.

I asked him when he notified his supervisor of what [REDACTED] had said. He said he did not know if it was the day it happened or the next day. He remembered telling his Supervisor. I asked him if he documented the event in [REDACTED] medical record. He then said, "I don't remember what they had me do." He then said he just did the notifications because he could not verify what [REDACTED] actually said. PT [REDACTED] said he is very careful what is documented in a patient's chart and he said for him, things have to be "like 100%, no hearsay." I asked him if he recalled writing down exact quotes that [REDACTED] said. He replied, "No. I don't think I did." I asked him if that was because he was not confident in what he heard [REDACTED] say. He said he did not have any one else as a witness and it was "pretty much invalidated." I told him he does not have to have everything corroborated as a staff member but he said he likes to if he is going to put it in someone's medical chart. He added, "Something like that is real serious. It should be along with, you know, followed up by HPO, whatever notifications, this this and that, you have to be pretty thorough when you make such documentation."

I asked him who else he discussed [REDACTED] threats with besides his supervisor. He said he may have discussed it with other staff. He said he thought he might have called the HPO's as well but he did not remember. I asked him if he remembered HPO's coming to the unit to talk to him about what he heard [REDACTED] say. I asked him if they interviewed him about what he had heard. He said he did not think they did. He believed his supervisor may have told HPO's what happened.

I asked PT [REDACTED] to tell me about his history with [REDACTED]. He said they had a good rapport. I asked if he had ever heard [REDACTED] threaten staff. He said he had. I asked him if [REDACTED] made threats frequently and he said [REDACTED] did. [REDACTED] said unit T-14 was a special unit and patients on that unit have a hard time resolving conflict and regulating emotions. He said [REDACTED] had frequent outbursts but the staff were able to deal with them. He again said you have to take every threat as if it is real because sometimes there is action behind the threats.

I asked him if he ever witnessed [REDACTED] physically assault staff or patients. He thought for a while and said no, that the staff were able to calm him down. He said [REDACTED] has postured and had aggressive language but his unit "goes the extra yard." He believed [REDACTED] was a bit more hostile than other patients on the unit. I asked PT [REDACTED] if [REDACTED] was known to possess or manufacture weapons. He did not believe [REDACTED] had a history of weapons on his unit. I asked PT [REDACTED] if his staff were successful with managing [REDACTED] when they used their training and professional tools. He said while [REDACTED] was on the unit he was managed. He believed [REDACTED] was having some issues with his medication. He believed [REDACTED] left the unit prematurely and he would have possibly benefited from more time on the unit.

PT [REDACTED] had heard about an incident that occurred with [REDACTED] and HPO's on the T-13 Courtyard. He heard that [REDACTED] and HPO's were injured and it was "not an easy takedown or something went wrong." He said anytime you go hands on with a patient everyone loses. He said all conversation needs to be exhausted first before it goes physical because people get hurt. I asked him if HPO's usually get physical with patients before conversing with them. PT [REDACTED] said if officers see that he is the one that pulled the alarm that all conversation had likely been exhausted and it would often result in physical contact with a patient. He also said that sometimes, the presence of HPO's will take an incident to a point where they cannot go back and they end up physical with patients.

I asked him if there were ever times where staff would take on a patient one-on-one. He said no. I asked him why. He said it was not the way they were trained and it was not safe. He said he would never encourage, teach or display that to new staff. He said you always want a number of staff present and he believes the patient feels it is less of a challenge when you avoid one-on-one confrontation. He added, "When somebody is assaulting you, it is a one-on-one."

I asked PT [REDACTED] if he has ever seen a solo officer choose to confront a patient one-on-one despite other officers and multiple staff being around. He said he had seen it before. I asked if he agreed with it and he said, "Not all the time." He started to get visibly frustrated and again started talking about how good Unit T-14 staff members are with the patients boasting that they have the lowest number of issues on the unit. PT [REDACTED] felt that takedowns in the courtyard are more difficult than when done in a more controlled or confined space.

I explained to him that [REDACTED]

[REDACTED] became visibly upset and took several deep breaths. He then said, "I don't know how that could happen on a takedown." I told him [REDACTED] hit a wall face first. Officers are usually in control and handle things excellently in PT [REDACTED] opinion.

I told PT [REDACTED] that HPO's said that the threats PT [REDACTED] heard [REDACTED] say about HPO's was a critical component for why police decided to do what they did the day [REDACTED] was injured. I let him know that it was important to know what he heard [REDACTED] say. He said he believed he under reacted and should have done more when he heard [REDACTED] make the threats. I reminded him that he advised his supervisor and the HPO's were aware of the threats that [REDACTED] made.

[REDACTED] then walked us to the medication room. He showed me where he was at when he overheard [REDACTED] threaten HPO's. It was difficult to see out the window but if someone was in view you could likely identify them. I did not hear any one talking on the courtyard so I could not determine if you could hear conversations from the second-floor window.

INTERVIEW OF SOCIAL WORKER [REDACTED]

On August, 09, 2017 Inv. Jones and I conducted a digitally recorded interview of SW [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview:

SW [REDACTED] was assigned to Unit T-13 on March 23, 2017 as a social worker. I asked her if she recalled an incident involving [REDACTED] and hospital police in the courtyard. She said she did. She started by explaining that unbeknownst to [REDACTED] he had received a 30-day restriction on the unit for an unknown threat. She said Dr. [REDACTED] met with [REDACTED] in the courtyard on a bench to discuss the restriction. [REDACTED] was "amping up." He was getting loud and kicking things. He was asked to calm down and "warned several times." SW [REDACTED] said she pulled her alarm because [REDACTED] refused to cooperate.

HPO's came to the north courtyard fence. She remembered that HPO's opened the gate while [REDACTED] was walking away from the police. She said she did not remember what was said but she believed [REDACTED] was given "some warning to cooperate". The police "tackled" [REDACTED] as he was walking away. The police grabbed [REDACTED] and he fell and hit his head on the wall. [REDACTED] was then on the ground [REDACTED]. Staff tried to get a pillow for him and [REDACTED] asked her to take his glasses. She remembered his glasses had blood on them and she took the glasses inside the unit.

I asked her if she could remember anything [REDACTED] was verbalizing before she pulled the alarm. She did not remember what he said. She asked him to go to the side room. He refused to cooperate. She believed he was kicking chairs and he may have thrown a chair. I asked her why she pulled her alarm. She again said he was not calming down and he was saying things like "fuck you". I asked her if [REDACTED] threatened to kill her or anyone. She said he may have said something about killing police but she was not sure. I asked her if she was told that or if she remembered [REDACTED] saying that. She said it was "fuzzy" for her. She then said she believed she may have been referencing previous incidents with [REDACTED] and she could not remember him actually threatening police during the incident in question.

I asked her if she remembered police telling [REDACTED] to walk from the gate. She believed that was true. I told her I believed [REDACTED] walked away as he was ordered. She remembered he was walking away from HPO's when they were opening the gate. I asked if she recalled if [REDACTED] ever turned towards the officers after he walked away. She said she was not sure. I asked her if she recalled [REDACTED] turning to face the officers. She said she could not recall. I asked if [REDACTED] turned towards officers, put his fists up and took a fighting stance. She said she did not remember.

I asked her if it was one officer or multiple officers that contacted [REDACTED]. She believed it was multiple. She said it happened so fast and she believed all of the HPO's went towards [REDACTED] at the same time. The HPO's moved quickly towards [REDACTED]. She said it was one "flowing mass moving toward the wall." She estimated [REDACTED] was maybe ten feet from the wall at first but she was not sure. She said [REDACTED] contacted the wall "very hard." I asked her if HPO's talked with staff when they arrived at the courtyard before they contacted [REDACTED]. She said she did not think so. She said usually the HPO's ask what is happening to prepare for the incident. She said "apparently" HPO's had been dealing with [REDACTED] in previous incidents on other units. She said they probably heard [REDACTED] yelling when they responded.

I asked her if HPO's gave orders for [REDACTED] to stop or to get down on the ground. She said she did not remember. She said it happened so fast. I then asked her with how quickly she described the event happening, was there time for officers to give orders and for [REDACTED] to comply with them. She replied, "Not much, I don't think." She did not think [REDACTED] had anything in his hands to include weapons.

After [REDACTED] hit the wall, he went to the ground. She did not believe he lost consciousness because he was talking after he hit the wall. He was responding. [REDACTED] was on the ground and HPO's were holding him on the ground. Staff started to tend to [REDACTED] and his injuries.

I asked her if [REDACTED] behavior had reached a point where physical intervention was necessary. She said he was not listening to verbal redirection. She believed he was at a point where he was going to need physical redirection. I asked her if it was a situation that level of care staff could have handled. She believed staff were moving towards [REDACTED] and she again said it happened so quickly and she could not remember details.

I asked her if patients were very upset at what they witnessed. She said "Oh yeah." She said the staff wanted to debrief the patients in the large day hall because they were shocked. I asked her if it was a shocking event. She replied, "Yeah, even for the staff." She said the force of the impact was what was shocking to everyone. She said the sound of the impact was very loud. It was very concerning because [REDACTED] did not have head protection on. I asked her if the HPO's were taking [REDACTED] to the ground or the wall. She said it looked like they all went down in a

falling motion. I asked if [REDACTED] was able to protect his own face. She believed the HPO's may have had [REDACTED] arms at his side or behind him. He was not able to put his hands out.

I asked her if she saw [REDACTED] when he was being tackled, turn, pull one of his arms out from the officer, push the officer down towards the ground by one of his shoulders and try to pull his feet from the officer's grasp. She said she did not remember seeing it happen that way. I asked her if she saw that happen. She said she did not remember. I asked her if she saw [REDACTED] drag an officer across the grass during the contact. She said she did not remember that. I asked her if it was remotely possible that [REDACTED] did that. She said it could be, but she did not recall an officer dragging behind [REDACTED]

I went back to the debriefing she told me about earlier. She remembered [REDACTED] [REDACTED] was upset at the debriefing. She remembered there were others but she could not remember their names. She said they were upset for [REDACTED] I asked her if Patient's Rights forms were passed out to patients. She said she did not remember. I asked her if anyone called Patient's Rights. She said she did not know. I asked her if any patients completed Patient's Rights complaint forms. She said she did not know.

[REDACTED] was really upset with SW [REDACTED] when she tried to explain the HPO's behavior was due to [REDACTED] past behavior. She was trying to show a different perspective. [REDACTED] actually threatened to kill SW [REDACTED] at that time along with "white people" and "white school children."

I asked her if an officer talked with her after the incident. She said an officer did. She did not remember any of the HPO's names. I asked her why no one seems to know any of the HPO's names. She could not give an answer. I asked if the officer talked with her at length. She said he talked with her briefly. I asked her if HPO's were in danger when they arrived on scene. She said [REDACTED] did not have weapons but he could have picked up a chair and it is always possible that the HPO's could be in danger. I asked for specific actions that would have indicated to her the officers were in danger from [REDACTED] She said there were not any that she could remember.

I asked SW [REDACTED] if the officer that spoke with her asked her detailed questions about what she witnessed. She said she remembered the HPO seemed concerned about what happened and what she had witnessed. She did not think that the officers asked her detailed questions regarding the HPO's interaction with [REDACTED] She said they may have, but she did not remember. She believed the officer was more concerned about how SW [REDACTED] and other staff viewed the incident. I asked her if she thought HPO's responded appropriately. I asked if [REDACTED] actions warranted physical intervention by HPO's which resulted in [REDACTED] hitting a wall, [REDACTED] She replied, "I was pretty stunned. So, um, I, again, it happened so fast. It, it just seems like there was room between when they laid hands on him, and the wall, like I'm not sure how he ended up moving that quickly, and maybe that far where his head hit the wall. I mean, I haven't witnessed that and usually it seems like, they come in, they have the person, um, they lead them to the side room, uh, there may be some defense from the patient toward them, um, but it seems like they pretty quickly have the patient under their control they are led to the side room." I then said, "That didn't happen this time." She replied with a disappointed look, "No, no it just seemed like a free fall."

INTERVIEW OF PSYCHIATRIC TECHNICIAN [REDACTED]

The following summary was completed by Inv. Jones:

On August 9, 2017, at approximately 1410 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of [REDACTED] at Laurel Creek Park in Fairfield California. The following is a summary of the information provided during the interview.

[REDACTED] was asked to tell us what happened on March 23, 2017. [REDACTED] stated the following in summary:

I was off the day before. I came in for the team meeting (shift exchange / approximately 1420 hours) and I was told [REDACTED] was mad at me because he thought I had told the police he had threatened to kill police officers. It was actually [REDACTED] ([REDACTED] from T-14 (unit) who had informed the police. I was advised to keep my distance from [REDACTED]

On March 22, 2017, [REDACTED] received an IM (Incident Management report) as a result of being pissed off about something that day. When you receive an IM you are not allowed to leave the unit to attend groups for 30 days. My shift lead told me to keep my distance from [REDACTED] and they would try and handle him with verbal judo, because I guess he had been getting pissed off earlier in the day.

We were in the courtyard because it is picture day. [REDACTED] was talking to a doctor in the courtyard for about 20 to 30 minutes. The doctor told [REDACTED] he would not be able to attend his groups because he had received an IM, and [REDACTED] had just come off an IM. [REDACTED] snapped and was pacing back and forth saying, fuck this place, I am never getting out of here. [REDACTED] was saying "fuck you" to me because he thought I was the reason he received the IM. [REDACTED] was saying, "Fuck you [REDACTED] you are fake as fuck." I didn't say anything back, because sometimes it's better to not engage when someone is in a delusional state like that.

[REDACTED] walked toward the fence (gate) and started kicking chairs that the clients sit on. [REDACTED] was going off saying all sorts of crap about how he is never getting out of here, and going to fuck everybody up.

I told [REDACTED] he might want to go to the side room, so he could cool off, but he said, "Fuck that." [REDACTED] kicked a chair again and a co-worker, [REDACTED], activated her PDAS alarm.

Our unit (T-13) and the police station are right next door to each other. There were about four or five police officers that arrived. You could verbally hear [REDACTED] in the courtyard. The police could hear that the reason for the alarm was in the courtyard. The officers came to the fence (gate). [REDACTED] new the alarm had been pulled, because it makes a noise. [REDACTED] was saying, "Fuck the CHP." [REDACTED] was saying CHP for some reason. [REDACTED] was saying, "Fuck the CHP, they are going to have to come get me." [REDACTED] was just going off.

We (staff) were like, the police are on their way, we are not going to physically touch him, we will see if the police can calm him down.

[REDACTED] was asked if that was a conversation he had. [REDACTED] stated in summary:

That was the mentality. This all happened pretty fast, the cops got there pretty fast.

There is this fence (gate). The cops told [REDACTED] to turn around and walk toward the wall (west wall). [REDACTED] turned around and started walking toward the wall. [REDACTED] turned around and he was still saying crap, a lot of cuss words and fuck you's to everybody.

The cops came in, and I don't know if [REDACTED] turned around, but the cops pretty much tackled him. [REDACTED] face hit the wall. At that point I immediately turned around and had everybody (patients) exit the courtyard back onto the unit. We do that for crowd control, and so we can better assess a situation.

[REDACTED] went and got an inter-muscular (IM) injection for [REDACTED]. I thought [REDACTED] would go into five point restraints, so I went inside to get the restraints ready in the side room. When I came back outside (courtyard), [REDACTED]. My supervisor said [REDACTED] more than likely will not go into five points, but go to Queen of the Valley Hospital, because of the injuries he sustained.

The ambulance arrived and I went with [REDACTED] in the ambulance to the hospital. They (Napa Hospital) sent two police officers and one staff with [REDACTED] in the ambulance.

[REDACTED] was asked if he personally heard [REDACTED] threaten Dr. [REDACTED]. [REDACTED] stated, "I personally did not hear him...well. I can't remember that for sure."

[REDACTED] was asked if [REDACTED] was attacking patients or staff at the time he was walking toward the gate. [REDACTED] stated, "No."

[REDACTED] was asked if he remembers any threats of harm [REDACTED] made to staff members or patients. [REDACTED] stated, "He did say something like I am going to fuck you up, but I don't think...he said I am going to fuck you guys up. I don't think it was directed to anybody. He personally said fuck you [REDACTED] you're fake, because he thought I called the cops on him for saying he was trying to kill police officers, but it was [REDACTED] from up stairs."

[REDACTED] was asked if he ever heard [REDACTED] say he was going to kill anybody that day in the courtyard. [REDACTED] stated, "Yeah I do, he said he was going to...this was after it happened though." [REDACTED] was asked before the alarm was pulled did he threaten to kill anybody. [REDACTED] stated, "I can't recall, honestly, I am sorry."

[REDACTED] was asked after the alarm was pulled and before police contacted [REDACTED] did he threaten to kill anybody. [REDACTED] stated, "I don't think he threatened to kill anybody, from what I remember, but he was definitely throwing threats out there, like I am going to fuck you guys up. He was like, 'fuck the police', and he kept saying, 'fuck the CHP'."

[REDACTED] was asked during the incident did you ever hear [REDACTED] say he was going to kill police officers. [REDACTED] stated, "Those words? He would have said something to the likelihood of 'I am going to fuck them up.' Before this happened he kept saying 'Fuck them, they are going to have to fucking come get me', like he was ready. I quote those words he said, 'Fuck them they are going to have to come and get me.'" [REDACTED] stated [REDACTED] was over by the west wall when [REDACTED] said this.

[REDACTED] was asked if he was fearful for his own safety at that time. [REDACTED] stated, "Oh yeah." [REDACTED] stated he had gone through [REDACTED] charts when he came on the unit and said he was a "pretty assaultive guy, at least threatening wise". [REDACTED] stated they received [REDACTED] when he was in walking [REDACTED] which is pretty much the highest restriction you can get at Napa.

█████ stated the police responded to the alarm in less than a minute. █████ was asked when the gate was opened did the police come in and meet with any staff members. █████ stated, "No, no. It was a direct charge pretty much."

█████ stated before the officers opened the gate, the big guy (officer) ordered █████ away from the gate, and to walk toward the wall. █████ was asked if █████ walked toward the wall. █████ stated, "Yeah he started walking toward the wall, yeah." █████ stated he did not know the officers names.

█████ stated when the gate was unlocked all the officers came in, but one officer was ahead of the others. █████ was asked if the officer who was ahead of the others talked with █████ at all. █████ stated, "I don't remember. Actually I don't think he did at all." █████ was asked if the officer that was ahead of the others gave █████ any orders to stop, get down on the ground, or to place his hands up, or any other directions like that. █████ stated, "Nuh-uh (negative). I don't remember that." █████ was asked if any other officers gave any order for █████ to stop or put his hands up. █████ stated, "I do remember a lot of yelling going on, I really don't remember anything about put your hands up. They might have told him...I think some of the other officers in the back might have told him to stop or something like that. I don't remember the hands up order."

█████ stated everything was happening so fast. █████ was asked if █████ even had any time to stop or comply with the orders they were giving him. █████ stated, "Eww that's a good question. I don't know it was really, really, really fast when they came in."

█████ was asked if the one officer who was in front was he walking, skipping, running towards █████. █████ stated, "Running." █████ was asked if he was running at a sprint, or full speed. █████ stated, "Faster than a jog, but I wouldn't say a full sprint."

█████ stated █████ was talking a lot of 'shit', using a lot of cuss words, but he was still walking away from the gate. █████ was asked if █████ back was to the officers. █████ stated, "I think it was initially when they came in, but he turned around for like a quick second." █████ was asked to explain the turning around, what he actually saw, because he is the first person to say he actually turned around. █████ stated, "I think he turned around for a quick second to maybe look on who was coming." (█████ was using his body to demonstrate a turning motion.) █████ was asked if █████ whole body turned, or half his body, or just looking back to talk shit. █████ said, "Yeah, looking back to talk shit and see what's coming while he was walking." █████ confirmed █████ did not turn his body around toward the officers.

█████ was asked if █████ turned around toward the officers and put his fists up like he was going to fight the officers. █████ stated, "Not to my recollection no." █████ estimated he was approximately twenty feet away from █████ and the officers, with a clear line of sight.

█████ was asked if the following summary is correct. █████ was walking away from the gate toward the wall as instructed by the officers, one officer was running toward him, and that officer did not give █████ any other directions. █████ stated, "Yes, to the best of my recollection."

█████ was asked to explain what the officer did when he made contact with █████. █████ stated, "It was pretty much...not like a full on tackle, but kind of like he tried to kind of get him." (█████ motioned wrapping his arms around an individual.) █████ stated, "He tried to get him from the back a little bit. I don't know what their (officers) mentality was at the point in time. That's just what I saw, he kind of wrapped him."

[REDACTED] was asked what part of the body was wrapped. [REDACTED] stated, "I would say maybe his upper body." [REDACTED] was asked if [REDACTED] arms were wrapped inside the officer's grasp or outside the grasp. [REDACTED] stated, "They were probably outside....I don't remember him fully wrapping him, I just kind of remember him wrapping him up."

[REDACTED] was asked if the officer was leaning forward toward [REDACTED] since he was running. [REDACTED] stated, "I think he was leaning forward."

[REDACTED] was asked how close they were to the wall when the first contact was made. [REDACTED] stated, "They were probably a couple feet away, maybe about five feet away, I would say." [REDACTED] was asked if the trajectory and momentum of the officer was going to take them toward the ground or wall. [REDACTED] stated, "It looked like they were going to go to the ground, the wall was just there enough, so his face just smacked against the wall." [REDACTED] was asked what made him think they were going to the ground first. [REDACTED] stated, "I think he (officer) just kind of misjudged it, honestly if you want my opinion on it I think he misjudged it, and uhh, just by his behavior stuff I don't think the officer was deliberately trying to smash his face in the wall. All they were trying to do is get him on the ground, because the reason I say that is because of all the other incidents I have seen that is normally what happens. They normally, if they are going to do a wall containment it's usually going to be done by two people and they usually go for the arms and put him against the wall, but if they are going to take him down it's normally wrap and take down, from what I have seen the police officers do before."

[REDACTED] was asked if [REDACTED] was able to defend himself against the officer. [REDACTED] stated, "Yeah, he was able to, I don't know if he did or not." [REDACTED] was asked if saw [REDACTED] defend himself. [REDACTED] stated, "I can't say that because as soon as he went down I was like okay." [REDACTED] stated as soon as the officer grabbed [REDACTED] they were immediately on the ground, and there was no time for [REDACTED] to do anything.

[REDACTED] was asked if he saw [REDACTED] try to fight off the officer, when the officer tried to tackle him. [REDACTED] stated, "No....I didn't see that."

[REDACTED] was asked prior to hitting the wall, and when the officer contacted [REDACTED] did [REDACTED] fight the officer off him. [REDACTED] stated, "No."

[REDACTED] was asked if [REDACTED] used an arm to push down on the officer's right shoulder to break the tackle. [REDACTED] stated, "No."

[REDACTED] was asked if [REDACTED] was able to push the officer down to a point where [REDACTED] could pull his feet away from the officer's hold before they hit the wall. [REDACTED] stated, "No."

[REDACTED] was asked if saw [REDACTED] fight off the officer and drag the officer toward the wall with the officer's knees and feet dragging behind. [REDACTED] states, "No."

[REDACTED] was told it was reported to have happened like that. [REDACTED] stated, "I did not see that." [REDACTED] stated he is trying to be 100% truthful, but he did not see [REDACTED] drag the officer.

[REDACTED] stated, "I don't think the cops lied though, right?" Investigators told [REDACTED] that is not for us to say. [REDACTED] stated, "I as a human being can't say that the cop dragged [REDACTED] (misspoke, believe he meant [REDACTED] dragged the cop), there was like four or five cops there, and I don't remember that."

[REDACTED] was asked if he ever saw [REDACTED] assault the officer. [REDACTED] stated, "I did see a slight struggle after they went to the ground, but it was very slight."

[REDACTED] was asked how high off the ground does he think [REDACTED] head was when it struck the wall. [REDACTED] stated [REDACTED] was falling forward when his face hit the wall, and estimated it to be about a foot below [REDACTED] height. [REDACTED] stated the officer's head might have hit the wall, but he did not see it.

[REDACTED] was asked if [REDACTED] lost consciousness when he struck the wall. [REDACTED] stated, "He claimed he lost consciousness when we arrived at the hospital...I can't speculate on that."

[REDACTED] was asked if [REDACTED] fought with officers once he was on the ground. [REDACTED] stated, "I didn't see that, because as soon as they made contact and they were getting him on the ground, I started having clients go inside...I didn't see that part of it."

[REDACTED] was asked if he saw officers pepper spray or use a baton against [REDACTED]. [REDACTED] stated, "No."

[REDACTED] was asked what he thought would have happened if officers had consulted with staff first. [REDACTED] stated, "I don't think they had that option, to be completely fair with you, because [REDACTED] was so escalated that if the cops would have came to talk to us first, [REDACTED] could have potentially did something to them behind there backs, because we were already in front of them. He ([REDACTED]) doesn't like police officers. I think when they came in they focused on [REDACTED] and stabilizing him prior to talking to us."

[REDACTED] was asked if [REDACTED] made any comments about excessive force while in the ambulance. [REDACTED] stated, "Yeah, he did....He said...okay first of all when we were putting him in the ambulance in the back I was talking to him....I was trying to get him to calm down a little bit because he was just going off. He kept saying...He kept saying, I am going to have my family come and bring machine guns and kill all you guys...On the way over there he said, 'you see how they do me, you see how they fucked me up, you see how I am right now.' He was talking to the EMT people in the ambulance...There was a couple police officers back there to, and he was just like, you see how they fucked me up. When they were trying to get information on what kind of happened from him, he was just telling them they'd tackled him into the wall."

[REDACTED] stated he was interviewed by police.

[REDACTED] was asked if [REDACTED] had any weapons the day of the incident. [REDACTED] stated, "No." [REDACTED] was asked if [REDACTED] had anything in his hands. [REDACTED] stated, "I think he might have had some sunglasses, or they were like on his head, or he was holding them."

[REDACTED] was asked if knows of [REDACTED] having a history of weapons. [REDACTED] stated, "From his chart I know that...why he is at Napa State Hospital...I guess he ([REDACTED]) was at a car wash or something like that and he had a gun, and the police tried to...I think it was with the CHP."

[REDACTED] was asked if he knows what an improvised weapon is. [REDACTED] stated, "Like a shank? Yeah." [REDACTED] was asked if [REDACTED] had a history of making improvised weapons. [REDACTED] stated, "Not to my recollection."

[REDACTED] was asked if the police officers asked him detailed questions similar to our (investigators) questions. [REDACTED] stated, "No."

[REDACTED] was asked what the officers procedures are as he knows them. [REDACTED] stated, "After an alarm gets pulled they kind of come and talk to any witnesses, and kind of get a description of what happened. They kind of did that, but it wasn't as thorough as this."

[REDACTED] was asked if officers normally arrive at an alarm activation and assess the situation before reacting. [REDACTED] stated, "Normally they do. Sometimes if we are all in the nursing station or something like that...unless it's just a straight fight, they will go and handle that first. For someone who is being super disruptive, they usually respond in three or four, and sometimes one will come to the nursing station while the other three go on the unit to figure out what is going on."

Investigators told [REDACTED] they were going to summarize what the officer wrote in the report regarding what he [REDACTED] stated, and we wanted him to tell us if it is accurate. Investigator stated, "You said, [REDACTED] was in the courtyard talking to Dr. [REDACTED] regarding his recent aggressive behavior." [REDACTED] stated, "Umm, I don't know if I said aggressive behavior. I just told them he [REDACTED] was talking to the doctor."

Investigator stated, "He (officer) asked you if you could elaborate on [REDACTED] recent behavior. Did he (officer) ask you that?" [REDACTED] stated, "No."

Investigator stated, "He (officer) said that you said, [REDACTED] has been threatening to kill everyone, and recently made an improvised weapon." ([REDACTED] had a surprised look on his face) Investigator stated, "You look a bit surprised. Did you say that to the officer?" [REDACTED] stated, "Okay can we go off the record for a second? Is that possible?" Investigators told [REDACTED] we have to keep recording, and all we want is the truth. [REDACTED] stated, "I don't remember saying that honestly." [REDACTED] stated, "I am not trying to call them liars or anything."

[REDACTED] asked to read the report. A copy of the report containing his statement was given to [REDACTED] to read. After [REDACTED] read the statement he was asked what he thought. [REDACTED] stated, "Uhh...I don't remember anything about no improvised weapons or anything like that, honestly."

Investigators reviewed several sections of the statement with [REDACTED] and the only area that was incorrect was regarding 'improvised weapons', and being asked to elaborate on [REDACTED] recent behavior.

[REDACTED] was asked if he thought the officers handled things appropriately. [REDACTED] stated, "I think they did the best they could... Honestly if you want my opinion, I just think that...they were there to help us...they have always been there to help us, honestly, whenever we have needed them. In my personal opinion I think it was an accident."

[REDACTED] stated the officer that tackled [REDACTED] was approximately five feet nine or five feet ten inches tall, with a medium build.

[REDACTED] was asked if he believed it was appropriate for a larger officer to tackle [REDACTED] from behind. [REDACTED] stated, "I would say he had no other choice, honestly."

INTERVIEW OF CLINICAL PSYCHOLOGIST [REDACTED]

The following summary was completed by Inv. Jones:

On August 15, 2017, at approximately 0915 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of [REDACTED] at Napa State Hospital. The following is a summary of the information provided during the interview.

[REDACTED] stated she is currently one of the Clinical Psychologist for unit T-13, and was working on March 23, 2017 in that capacity. [REDACTED] stated [REDACTED] was assigned to T-13, but she was not assigned to his case, [REDACTED] was assigned to Dr. [REDACTED] (Psychologist). [REDACTED] stated she has helped out with [REDACTED] anytime Dr. [REDACTED] was off or not around.

[REDACTED] stated she is familiar with [REDACTED] behaviors and described [REDACTED] as being anecdotally referred to as a two year old, very consistent to throw temper tantrums, and the need to be very consistent with [REDACTED]. [REDACTED] stated any changes in the daily schedule would have to be explained to [REDACTED] or he could go into a fit, a verbal outburst. [REDACTED] stated [REDACTED] verbal outbursts had the potential to get very loud.

[REDACTED] was asked if she ever witnessed [REDACTED] get physically assaultive with staff or patients. [REDACTED] stated, "Not to my knowledge."

[REDACTED] was asked if she ever witnessed [REDACTED] get physically aggressive toward staff or patients. [REDACTED] stated, "I don't recollect any incident write up in the time he was here, on any patient or staff."

[REDACTED] could not recall seeing [REDACTED] in walking [REDACTED] while he was on T-13. [REDACTED] stated during [REDACTED] time on T-13 they had no reason to put [REDACTED] into walking restraints or any type of restraints. [REDACTED] stated there were a couple of occasions where [REDACTED] was given a PRN (as needed medication), but could not remember [REDACTED] ever being restrained physically.

[REDACTED] was asked to tell us what she remembers about March 23, 2017. [REDACTED] stated the following in summary:

The incident on that day occurred at the end of our work day around 3:30 or 4:00pm. I was in my office. The patients were having their pictures taken by the Rehab Therapist, [REDACTED] in the courtyard.

I became aware of the commotion outside when the alarm was pulled. When I went out to the courtyard I asked if anybody was hurt or if anyone was being physically aggressive. Someone told me [REDACTED] did not want to come in, or was refusing to come in.

What I saw was virtually all the unit patients were in the courtyard. [REDACTED] was by the farthest wall away from the unit entrance, and closest to the gate. Staff was trying to talk to him and deescalate the situation. [REDACTED] was being himself, a bit loud, but I could not hear what he was saying from where I was standing. I was near the entrance from the unit to the courtyard.

Earlier in the morning [REDACTED] had a weird type of exchange with his team, I think his team made a mistake. [REDACTED] was not off some type of restriction that had been opposed on him because of his behavior and verbal outburst. [REDACTED] was not quite off the unit restriction on the day that some his team members told him he could visit the 'S' complex. [REDACTED] found out in the late

morning he still had a few days of restriction left and he was very angry, and upset. We were upset with team members for not thinking it through and calculating the days before telling someone like [REDACTED] because he gets very easily dis-regulated.

Late that afternoon the hospital police came and they parked there van outside the gate. They opened the gate and came in. There were three of them that started the intervention, or did the intervention. They (police) were talking with [REDACTED] but I could not hear what they were saying. [REDACTED] was about a foot and a half away from the wall. The police were attempting to talk to him. I saw three officers pounce on [REDACTED] I think this was a complete miscalculation on their part. He was not away from the wall, if he was away from the wall he would have fallen down on the ground considering the weight of three people on him.

[REDACTED] is a stout man, but short in stature. The way they pounced on him he fell against the wall, the noise of his head hitting the wall was very traumatic, and very loud, for me standing by the unit door to hear that. I could not hear what was being said from where I was standing, but I could hear his head hit the wall. It looked as if [REDACTED] fell along the wall, so there must have been bruising, from his face sliding down the wall. The police just pilled up on top of [REDACTED]. Then I don't remember what happened, but they had [REDACTED] sit up and sit on the bench.

[REDACTED] and it was very traumatic to see. What did [REDACTED] do that was so egregious, that three able body people had to pounce on him? The officers did not calculate how far away from the wall [REDACTED] was.

If the officers were trying to contain [REDACTED] against the wall then we are taught in TSI (tactical strategic intervention) how to do that. You place a person on the wall and place their hands behind them, you don't pounce on him, slam him against the wall and come crashing down.

[REDACTED] I had moved to the middle of the courtyard by a bench that was covered (awning). I could see [REDACTED]

[REDACTED] did not start talking until a good three or four minutes after, and he started screaming saying, look what they did they to me, or something to that affect. [REDACTED] was saying they tried to kill him. A good ten or fifteen minutes past before the ambulance came. [REDACTED] was sitting and screaming, and clearly in a lot of pain.

In my 11 years of working here, I have not seen a take down as brutal as that.

[REDACTED] was asked, when you were in your office could you hear anything on the courtyard prior to the alarm? [REDACTED] stated she was working on a court letter, and had zoned out, and did not hear anything from the courtyard. [REDACTED] stated the alarm alerted her to the courtyard area.

[REDACTED] stated when she first entered the courtyard she was standing on the elevated platform you step on as you exit the unit, and she had a good visual of what was occurring.

[REDACTED] stated when she stepped out into the courtyard she saw [REDACTED] and he was tense, and shaking his head. This was before the police had arrived.

[REDACTED] stated patients were still in the courtyard and were backing away from [REDACTED] but watching what was occurring.

[REDACTED] was asked, you made the comment that [REDACTED] was just being himself, was this typical behavior for [REDACTED]. [REDACTED] stated, "Yes, there was nothing odd about it, except there was an alarm, so, the tension that normally accompanies alarm situation. He [REDACTED] has done this even on the unit. He flares his arms in the air and says, I don't want to do that, and he's been loud. We have been in the shift report room, and we have heard and gone out and try to talk him down. I don't think it was anything out of the ordinary. He was being a two year old who didn't want to come in, or something to that affect."

[REDACTED] was asked if she recalls [REDACTED] having anything in his hands. [REDACTED] stated, "I don't recall him having anything, anything in his hands."

[REDACTED] was asked if [REDACTED] did have something that could be used as a weapon would she remember that. [REDACTED] stated, "Yes."

[REDACTED] stated there might have been more then three officers who arrived but only three were involved in the intervention.

[REDACTED] was asked if the officers talked to [REDACTED] from outside the gate or once they came through the gate. [REDACTED] stated, "Once they opened the gate they came in. He [REDACTED] was kind of by that wall, maybe two yards or little bit away."

[REDACTED] was asked when the officers came through the gate was [REDACTED] walking toward the wall or was he stopped. [REDACTED] stated, "I do not recollect."

[REDACTED] was asked if she recalls [REDACTED] back being toward the officers. [REDACTED] stated, "No, his face was to the officers." [REDACTED] was asked about [REDACTED] body. [REDACTED] stated, "He was facing the officers." [REDACTED] stated she had a clear view and the officers had circled [REDACTED] or were around him, but [REDACTED] was facing them. [REDACTED] was asked when the officers came at [REDACTED] was he facing the officers or away from the them. [REDACTED] stated, "That I don't remember, but I do know when they pounced on him, his [REDACTED] face hit the wall. So at some point I am assuming he slightly turned, or made a 180 degree turn, or something like that."

[REDACTED] was asked if all three officers contacted him at once or did one officer take the lead. [REDACTED] stated, "The way I saw it, all three of them jumped on him."

[REDACTED] was asked while [REDACTED] was facing the officers did [REDACTED] do anything with his body to prepare himself to fight or attack the officers. [REDACTED] stated, "No, not to my knowledge, the only one thing is he was facing a little bit, but not to wide. He was just going a little back and forth a few steps to the left and right, as he was engaging with them, or whatever they were talking."

[REDACTED] was asked if [REDACTED] ever took a fighting stance with the officers. [REDACTED] stated, "No."

[REDACTED] was asked how far she believed [REDACTED] was away from the wall. [REDACTED] stated, "A foot and a half maybe."

[REDACTED] was asked if [REDACTED] was able to fight off the officers when they made contact with him. [REDACTED] stated, "No, I think it happened very suddenly, at least suddenly for us to...me

and Dr. [REDACTED] were in the...on the raised platform. It happened so suddenly, that I don't think he had a chance to in any way retaliate, or defend himself."

It was explained to [REDACTED] that officers report one officer went to conduct a takedown of [REDACTED] and he tried to take him down to the ground, but [REDACTED] was able to get a hand free and spin and push the officer down and start to pull his legs away from the officer. [REDACTED] was asked if she saw that happen. [REDACTED] stated, "No."

It was explained to [REDACTED] that another officer stated that [REDACTED] was able to change the officers momentum from going to the left and to the ground, towards the right and the wall, to where the officer was being dragged behind [REDACTED] with the officers knees and feet in the dirt. [REDACTED] was asked if she saw this, and she stated, "No." (A surprise look on her face). [REDACTED]

[REDACTED] stated, "That is very surprising, this guy [REDACTED] is a stout fat man...he doesn't have that much strength...no, no, to do that to just one police officer. He is just stocky in built. He [REDACTED] has always been a lot of talk and not much show, and that is why as a unit we've always contained him by talking...There was not one police officer that did the intervention there were three on him simultaneously, to the point after we were able to come to our senses after what happened, I remember asking, I think it was Dr. [REDACTED] by that time I had left the raised platform and I has gone to the bench with the closure on top of it to get a closer view or to understand what was going on, to move some patients out of the way. I remember saying it to whoever was around me, 'was that necessary, what just happened, what did he do, or something like that'. No, that intervention was way over what I would expect anybody to do, for not only a state hospital patient, but somebody who was really not, didn't have anything in his hand, and was not, didn't have a combative posture."

[REDACTED] was asked if she saw [REDACTED] do anything other then being agitated and pacing a little, that required staff or officers to do a physical intervention. [REDACTED] stated, "Right, physically at the most he was still refusing to come in. They could have just, and they have done it on the unit before, they could have had two officers come and gently held the patient, maybe held him propped up against the wall, and then redirected him to the side room, or just told him, just hold his hands and walked him to the side room. There was no need for anybody to pounce on him, and three people?"

[REDACTED] was asked if officers gave any orders for [REDACTED] to stop. [REDACTED] stated, "I don't remember, I didn't hear what they were saying."

[REDACTED] was asked if she remembers any of the officers hitting the wall or being injured. [REDACTED] stated, "No, none of them had blood on them." [REDACTED] was asked if she saw anything with the officer's bodies that indicated they had hit the wall. [REDACTED] stated, "No, they were on top of him. The first person to impact the wall was [REDACTED] not the hospital police."

[REDACTED] stated when they all went to the ground; officers were still on top of [REDACTED] for a few seconds. [REDACTED] was asked if [REDACTED] was fighting with officers while on the ground. [REDACTED] stated, "No."

[REDACTED] was asked if officers were kicking and punching [REDACTED] while he was on the ground. [REDACTED] stated, "No."

[REDACTED] was asked if anybody tripped before hitting the wall, or did they just go straight into the wall. [REDACTED] stated, "If anybody tripped, it didn't seem like anybody tripped. It just seemed like poor judgment on their part."

[REDACTED] stated maybe the officer's intention was to put [REDACTED] against the wall, but used more force than was required. [REDACTED] stated maybe their intention was to put [REDACTED] against the wall, but it wouldn't make sense for three people to contain him against the wall.

[REDACTED] stated someone told her [REDACTED] was currently in jail, but she did not know why. It was explained to [REDACTED] what [REDACTED] was arrested for. [REDACTED] stated, "That's bullshit." [REDACTED] went on to say, "Because that is not what happened...The police officers were really physically...didn't physically sustain any wounds or anything. Number one there was no blood shed, there was no blood on them (officers) that we saw." [REDACTED] stated, "I did not see any of the police officers hitting that wall, they fell on him, and they pushed him ([REDACTED] to the wall, and they fell on him.)"

[REDACTED] stated she did not know any of the officer's names, and does not remember their physical description, other then they were taller then [REDACTED]

[REDACTED] was asked if any officers talked to her after the incident. [REDACTED] stated, "I have no memory of talking about this with anybody, but my memory is very poor." [REDACTED] was asked if an officer came to her office that day and spoke with her after the incident. [REDACTED] stated, "No." [REDACTED] stated she attended part of the patient debriefing session for about four minutes, and then she had to leave to go home, and did not complete the debriefing session. [REDACTED] stated maybe an officer talked to her the next day.

It was explained to [REDACTED] what officer Truong put in his report regarding what she said during her interview, and was asked if that helped jar her memory. [REDACTED] stated, "No." [REDACTED] was asked if she remembers any officer asking her in depth questions about what happened. [REDACTED] stated, "No, this I would remember." [REDACTED] stated if the conversation with the officer did happen, she does not remember [REDACTED] making any threats.

[REDACTED] stated during her brief time at the patient debriefing she remembers the patients being upset about what occurred. [REDACTED] remembers one patient making comments how this could have happened to them. [REDACTED] stated the patients were shaken up and worried about their safety. [REDACTED] stated she does not know if patient rights forms were passed out or filled out. [REDACTED] stated she remembers patient [REDACTED] was particularly upset and worried about his safety.

[REDACTED] was asked if she believes the officers had not arrived, with her history of [REDACTED] what would likely have happened that day. [REDACTED] stated, "We would have talked him down. We would have had him sit down...We would have at least gotten him to the point...even if we would have to call the hospital police, we would have been successful in holding him, or walking him, and giving him positive support...Make a circle around him, we don't need to touch him, or maybe hold his hand, and redirect him back into the unit."

[REDACTED] was asked if it was a fair assumption that officers did not try to talk [REDACTED] down or de-escalate him. [REDACTED] stated, "Yeah, there was talking but it did not seem like a de-escalating talk. I don't know what kind of engagement they had but it only made it worse."

[REDACTED] was asked if she witnessed or heard [REDACTED] making any threats to harm or kill police officers prior to the incident on March 23rd. [REDACTED] stated, "No, I don't recollect witnessing any such interaction or verbalization from him. I will put a disclaimer, if there were; we have never taken them seriously, because he is a lot of talk. He's talked, I am going to do this...but, he's never acted on that, not on this unit."

[REDACTED] was asked in the days leading up to the event on the 23rd, was there a briefing or discussion where she was told [REDACTED] had threatened to kill police officers. [REDACTED] stated, "No."

INTERVIEW OF SERGEANT NICHOLAS KOTSIADELIS

On August, 24, 2017 at approximately 1523 hrs, at NSH, OSI Interview room, Inv. Jones and I conducted a digitally recorded interview of Sgt. Nicholas Kotsinadelis. He was accompanied by his labor representative, Tim Cantillion. The following is a summary of the information provided during the interview:

Sgt. Kotsinadelis has worked at NSH for approximately five years. He has been a Sergeant for approximately two years. He has previously worked for Santa Clara Probation Department for approximately two years as a juvenile corrections officer. He is currently assigned to the Operations Division at NSH, which meant he was in charge of the Patrol Division and the Custody Division. He supervises officers while on patrol and the officers' investigations. He is also the Watch Commander when he is on duty.

Sgt. Kotsinadelis was working the evening of March 23, 2017. He worked third watch from 1400 hrs to 2200 hrs. He said he could not recall if he worked any overtime shifts that day. He was the Watch Commander for that shift along with Sgt. Sergio Flores. Sgt. Kotsinadelis said that Sgt. Flores is also the Watch Commander and he considered them both to be equally responsibilities while on duty.

I asked Sgt. Kotsinadelis how he knew [REDACTED]. He said he was familiar with him as a patient at the hospital and had multiple incidents with [REDACTED] in the past. He later said he did not have any previous direct experience with [REDACTED]. I asked him what happened on the Unit T-13 Courtyard on March 23, 2017. He said he was with Sgt. Flores in a patrol car. Sgt. Kotsinadelis heard over the radio that HPO's were responding to the alarm. Officers arrived in the courtyard and after a few minutes, they requested that Sergeants come to the scene. Generally, the Sergeants do not respond to alarms unless a request was made for them to go.

When Sgt. Kotsinadelis arrived on scene, he gained access to the courtyard through the north gate. He did not remember if outside medical staff were on scene or en route. Unit staff members were medically treating [REDACTED] at the time. [REDACTED] [REDACTED] He recalled [REDACTED] may have been in a seated position near the cement wall in the north-west corner of the courtyard. [REDACTED] was yelling loudly but he did not remember what [REDACTED] was saying. Sgt. Kotsinadelis did not recall if [REDACTED] was physically struggling with officers at that time and he did not recall if he was [REDACTED] or restrained at that time. Sgt. Kotsinadelis did not witness any officers use force on [REDACTED].

An unknown HPO briefed Sgt. Kotsinadelis on scene in regards to what had happened. Sgt. Kotsinadelis and Sgt. Flores directed HPO's to conduct interviews of potential witnesses on scene. He said both Sergeants were equally responsible for how the scene was handled. Sgt. Kotsinadelis remembered that he contacted Chief Hauscarriague by phone to notify him of the incident. He had stepped away from the scene to make the call from the police substation nearby.

Sgt. Kotsinadelis remembered that Ofc.'s Jose Becerra, Stuart Donaldson, and Michael HAUSCARRIAGUE were on scene. The three of them were in black uniforms and assigned to bike patrol. He knew approximately two other HPO's were there as well but he did not remember

who they were. He knew staff were on the courtyard but he did not recall how many or any of their names. He did not recall any patients being on the courtyard at that time. Sgt. Kotsinadelis believed Ofc. Becerra was the primary officer for the incident because Ofc. Becerra was conducting most of the interviews.

Bike patrol officers work within the secure portion of the facility. They are on bikes so they can access different areas of the facility quickly. They also do area patrol checks when patients are out of their units. All HPO's that patrol the secure interior portion of the facility use the substation that is near the T-13 Courtyard. Sgt. Kotsinadelis said that when he is inside the substation, he can hear when people talk loudly on the T-13 Courtyard, whether the station doors are open or closed.

Bike patrol officers are required to carry less lethal force options, to include OC spray and a baton. The other patrol officers carry the same required less lethal equipment. I asked him if he knew whether or not his officers were carrying their less lethal equipment the day of the incident. He said he did not do a uniform inspection and could only assume they had their equipment. I asked him if he would notice if an officer was not wearing their equipment. He said he could not say whether or not they had their gear but assumed they did.

Sgt. Kotsinadelis was familiar with, and has been trained in TSI. He said all officers are trained to use TSI as well. He described TSI as a system of behavioral restraint and is more applicable to unit staff for redirecting behavioral problems with patients. I asked him how TSI differed from how officers are trained regarding use of force. He said the techniques were vastly different in how they were designed and taught.

Sgt. Kotsinadelis was familiar with, and has received training regarding DSH policy 300, use of force and DSH policy 304, control devices and techniques. I asked him if it is policy and if it is encouraged that officers use TSI, if appropriate, before they use force on a patient. He asked me to repeat the question. I asked him again and he said that typically involves a situation where law enforcement intervention is not the case. He provided several explanations but avoided answering the question. Ultimately, he said that if the situation warranted the use of TSI, an officer is supposed to use TSI before using force.

I asked Sgt. Kotsinadelis to explain how he would expect his officers to respond to a PDAS alarm on the Unit T-13 Courtyard. He would expect them to respond to the scene and assess the situation. They would make a determination as to if it was still an on-going situation that required law enforcement intervention, or staff intervention. He said all PDAS alarms do not require officer intervention but officers still respond. He said the main purpose of the alarm is to summon level of care staff to deal with behavioral situations. I asked what an officer's resources are on scene that helps them with their assessment. He said several things are considered to include the patient's behavior, the amount of staff present, and if staff believes the patient is going to commit a violent act.

I asked if level of care staff and the staff that pulled an alarm would be a good resource for an officer to talk to when assessing a scene. He said they would be depending on the situation. He said if the patient was detained and officers could do a calculated intervention with staff, then that would be an ideal situation. I asked him to explain why police would even be needed if the patient was detained. He said that patients may be in a side room where they are kicking walls or doors, or level of care staff could be struggling with a patient in a wall containment. I asked him if he would use TSI if he took over the scene or if he would use physical force against the

patient. He said it would depend on the level of resistance from the patient that officers are encountering.

I asked him why a patient kicking a door would warrant an officer using force on the patient. He said that they were committing a crime. I asked him what crime they were committing and he said they were committing vandalism. I asked him if he would be taking the patient into custody in that situation. He said they would be placed into restrained detention. I asked him what that meant. He said it was mechanical restraints or "law enforcement techniques." I then asked him if the patient would be placed under arrest or not. He said they would be detained, not arrested.

I asked Sgt. Kotsinadelis if [REDACTED] was under arrest when he was on the T-13 courtyard during the incident. He replied, "Not that I am aware of at that time." I asked him why [REDACTED] was [REDACTED] if he was never under arrest. He said [REDACTED] was detained but he was "not ever officially told he was under arrest." I asked him if a patient has to be told he is under arrest to actually be arrested. He said they have to be notified that they are under arrest and told the reason. Sgt. Kotsinadelis then corrected himself and said there was not a requirement to notify a person they are arrested. He went on to explain that the HPO's do not typically arrest patients while on the unit and usually the District Attorney's Office determines whether or not they are arrested. He said there are very specific rules regarding the arrest of patients.

I asked Sgt. Kotsinadelis if [REDACTED] would have been released from his detention if he did not require outside medical intervention for his injuries. He said [REDACTED] most likely would have been released to level of care staff for behavioral restraint if warranted.

I asked him if he received any information that, prior to officers physically controlling [REDACTED] to the ground in the courtyard, that [REDACTED] posed a security risk of any sort. He said prior to the incident, HPO's got a notification during briefing that [REDACTED] was threatening to kill staff members and police officers. He did not know how long ago the notification was made. I asked him again if [REDACTED] was trying to escape or get out of the T-13 courtyard or the secure treatment area. He said he was not aware of [REDACTED] trying to escape.

I asked Sgt. Kotsinadelis what the lawful reason was for police to contact [REDACTED]. He paused for a while and then said he knew [REDACTED] was given lawful commands and he refused and walked away from the officers. Sgt. Kotsinadelis based that on reports he read. Inv. Jones asked if Sgt. Kotsinadelis remembered which officer briefed him about the incident upon his arrival. He did not know. He recalled the officer told him [REDACTED] was showing signs of aggression and he was yelling. He was also told staff had removed all patients from the courtyard. He added staff were standing in the doorway to the unit, not out on the courtyard itself while [REDACTED] was pacing around. The staff were not coming out from the unit doorway. There was no means for officers to talk with the staff because they were all the way across the courtyard from the officers that were near [REDACTED].

Inv. Jones asked him if he remembered anything else he was told. He said [REDACTED] was showing physical signs of aggression and he started to turn and walk away, HPO's gave [REDACTED] verbal commands to stop, [REDACTED] did not stop and then HAUSCARRIAGUE attempted to, "do a takedown" of [REDACTED]. Sgt. Kotsinadelis then added that he did not remember if he received the information from the original briefing on scene or another briefing later in the day with other officers. He said he could not remember which information was provided to him on scene and what was provided to him by other officers at a later time. He then continued with saying that

he was told both HAUSCARRIAGUE and [REDACTED] had impacted the concrete wall during the attempted takedown.

Inv. Jones asked what crime he believed [REDACTED] committed after he received his initial briefing in the courtyard. He added at that time that [REDACTED] was also making threats towards officers as well. He said [REDACTED] committed 422 PC, 148 PC, and possibly 69 PC. Inv. Jones asked him what the elements of 69 PC were. Sgt. Kotsinadelis then said he would take that statement back because 69 PC was added to the charges later on when he heard more details. I asked him again what the elements of 69 PC were. He said they were dissuading a public official while on duty. I asked him his understanding of 422 PC. He said it was threats of death or serious bodily injury, and the person that was threatened has to have a reasonable belief that it would occur.

I asked Sgt. Kotsinadelis to define deadly force in his own words. He said it is force that can amount to death or serious bodily injury. Serious bodily injury was a [REDACTED] [REDACTED] I asked him if [REDACTED] actions warranted the use of deadly force against him. He said, "No." Sgt. Kotsinadelis said he knew [REDACTED] [REDACTED] I asked him if he consider [REDACTED] injuries to be serious. He replied, "Yes."

I asked him what he would charge a patient with if a patient tackled an HPO, within several feet of a wall, and the officer struck the wall and received the same injuries as [REDACTED]. He said he did not see how comparing the two situations were similar. I told him I was not comparing the two. He said the patient would be charged with 243(c) PC, and assault with a deadly weapon. I asked him why and he said it was because the incident had the likelihood to produce great bodily injury. He continued by saying the patient would be charged with battery causing great bodily injury as well. I then asked him the significance of intent of the patient during the incident. I continued by asking if the patient tackled the officer, but did not intend for the officer to hit the wall, would the patient still be responsible for the officer's injury. He said the crimes were both "general intent crimes" and not "specific intent crimes."

I then asked him generally, if an officer had no justifiable reason to do so, and runs up to a patient in the T-13 courtyard, tackles a patient and smacks his head into the wall, what would he charge the officer with. Sgt. Kotsinadelis did not answer but he looked to his representative. His representative asked to Sgt. Kotsinadelis, "he would be guilty of the same thing plus color of authority?" Sgt. Kotsinadelis replied, "Yes."

I asked Sgt. Kotsinadelis what his understanding was of 368 PC, elder abuse. He said he needed to read it. I provided him with a printout of 368 PC for him to read. I asked him if dependent adults or mentally ill patients were housed at the facility. He said "Yes." He said 368 PC did not apply to patients versus patients, only staff versus patients, and they were instructed to charge patient suspects with 242 PC.

I asked him if he knew how old [REDACTED] was at the time of the incident. He said he did not know. I asked him how old he looked and he said, "He was elderly, I know that. But I don't know how old he was." I advised him [REDACTED] was [REDACTED] years old at the time of the incident. He described [REDACTED] as, "Not decrepit by any means." He was not familiar enough with [REDACTED] to estimate his height or weight. I told him my opinion of [REDACTED] when I saw him was that he was out of shape. I then asked him to describe HAUSCARRIAGUE to me. He described him as roughly six feet tall, 180 pounds, 200 pounds with gear. He was in "good shape." He was in better

shape than [REDACTED] and approximately [REDACTED] years old. He only knew of [REDACTED] mental health issues.

I asked him to describe the other officers involved in the incident. He said Ofc. Donaldson was in his 30's, 6'3" tall and 275 pounds, 300 pounds with gear on and in "fair shape." Ofc. Beccera was described as being in his 20's, 5'8" tall and 180 pounds, and in pretty good shape. I reminded him he said at least two other officers were on scene as well for a total of five officers with one patient.

I asked what his responsibilities were during the incident. He said that staff were already back out in the courtyard when he arrived and they were assisting [REDACTED]. Sgt. Kotsinadelis reviewed some of the reports written by the officers but he did not recall which reports he reviewed. Inv. Jones asked if the incident with [REDACTED] was significant. He said HPO's deal with many similar cases where patients are seriously injured. Inv. Jones asked if he has experienced many cases where an officers use of force resulted in significant injuries to a patient. He agreed that it was rare for police use of force to result in significant injuries.

I asked Sgt. Kotsinadelis if [REDACTED] was interviewed on scene in the courtyard. He said he did not believe he was because he was being treated by medical staff. He said [REDACTED] was interviewed at a later time. I asked if [REDACTED] ever made statements or allegations regarding unnecessary or excessive force by officers. He did not recall [REDACTED] ever making those types of statements in the courtyard. Sgt. Kotsinadelis' labor representative asked him if it was not uncommon for patients to make allegations against officers. He said it was not uncommon. I asked him if a patient yelled out that officers tried to kill him, would he consider that a patient complaint of excessive force. He said, "Yeah, I would think so. I asked him if he ever listened to the taped audio recording of [REDACTED] interview after the incident. He said he did not and he would have no reason to.

I changed topics a bit and asked him if he knew HAUSCARRIAGUE attended school locally. He believed he did. I asked him if he knew HAUSCARRIAGUE played football in school. He said he did not know but it would not surprise him because HAUSCARRIAGUE was "into football."

I then asked him about PDAS. He described its purpose and said that all staff, including officers are supposed to wear one. He said the purpose of the system was to alert staff when help is needed. When an alarm is pulled, it tells you who pulled the alarm and, roughly, where the alarm was pulled. He believed the PDAS information was redundant because incidents are also broadcasted to HPO's via radio. I asked if he wore his PDAS that day. He replied nervously, "Probably not." I asked him if he was required to wear the device. He asked to take a break along with his representative.

Sgt. Kotsinadelis did not know if any of his other HPO's were wearing a PDAS during the date of the incident. He said he was responsible for ensuring his officers wear them. I asked him if he believed if PDAS tracking information was important to help determine who may have been involved or witnessed an event. He said officers usually put themselves on scene of an incident via radio. He also said though that sometimes HPO's do not identify themselves as being on scene. He sometimes forgets to wear it but he cannot speak for why HPO's do not wear them.

I asked Sgt. Kotsinadelis if officers got together and compared their stories as to what had occurred with [REDACTED]. He said they did not collectively compare stories and their reports were their individual accounts of what happened. I asked him if he remembered approving the reports

the first time they were submitted to him. He said he believed he rejected a few reports. He believed they were rejected due to grammatical errors or substantive issues. I asked him what he told the Chief of Police, HAUSCARRIAGUE's father, when he called him about the incident. He advised him that [REDACTED] sustained injuries as a result of force by HAUSCARRIAGUE. Sgt. Kotsinadelis had not been informed at that point that HAUSCARRIAGUE was being transported to a hospital for a possible [REDACTED]. I asked him if he noticed HAUSCARRIAGUE behaving differently prior to being transported. He did not notice anything strange and he said HAUSCARRIAGUE was walking and talking normally. The Police Chief later picked up HAUSCARRIAGUE at the hospital once he was released. I asked if the Chief ever gave him any direction as to how the reports should be written and he replied, "Never." No one else directed him either. He and Sgt. Flores also did collaborate on approving the police reports. He did not recall discuss the content of the reports he reviewed with Sgt. Flores.

Sgt. Kotsinadelis said there is an executive committee that reviews use of force incidents. The committee is comprised of the Executive Director, Police Chief, Hospital Administrator and others. Sgt. Kotsinadelis is not responsible for use of force review. I asked him if he was responsible for the arrest of [REDACTED]. He said was not. He said he needed approval from the Executive Director. He was not sure if he asked the Executive Director for arrest approval the evening of the incident. Even if the approval was made, he said [REDACTED] was not arrested that evening. I asked who arrested [REDACTED]. He said a detective arrested [REDACTED] the following day. He explained that the Executive Director would have had to authorize the arrest, then the Police Chief and then the Detective Sergeant before the Detective would be able to make the arrest. The Executive Director is [REDACTED]. He said she does not have any law enforcement background.

Sgt. Kotsinadelis explained his responsibility in regards to his officers using force. He said the totality of the circumstances on scene did not make him believe there was a use of force issue. I asked him if the patients statements are considered when investigating use of force by officers. I asked him if the patient was ever interviewed regarding the use of force. He said he did not know. I told him [REDACTED] was never interviewed by anyone regarding the use of force against him. He then explained that DSH policy says that if the situation allows, the sergeant should look into use of force but he said the situation he was presented with did not allow that to happen. He said he did not do anything to ensure that the use of force was looked into to rule out excessive force, and he did not believe there were any indications that warranted a further inquiry into the use of force.

He described to me that HAUSCARRIAGUE did not appear to be injured in any way when he arrived on scene. Based on HAUSCARRIAGUE's physical description that he provided, and the physical description and injuries he provided for [REDACTED] I asked if that prompted any questions in his mind regarding the use of force. He said all he knew was [REDACTED] and taken to an outside hospital.

I told him that we re-interviewed several witnesses that were originally interviewed by his HPO's. I told him we also identified and interviewed other witnesses. I asked him if he found it odd that officers did not document all witness statements. He said that should have been done for a full and complete picture of what happened. I told him some of the witness statements I obtained were inconsistent with the statements documented by the HPO's. I also told him that some witnesses were shown where HPO's had quoted them in reports and some of the witnesses said that they never said some of the things officers had written that they said. Sgt. Kotsinadelis said he was surprised and believed the officers documented factual information in the reports. I

asked him why he believed the information was factual. He said they were police reports submitted by a sworn officer.

I asked him if he would be concerned of some sort of collusion or conspiracy if there was an incident where multiple officers, interviewed multiple people that said things did not happen like the officers had written. He said it would cause him concern. Sgt. Kotsinadelis said DSH has not provided officers with recorders for interviews. He said department issued recorders are not available anywhere on the premises for officers. He said some officers elect to purchase their own recorders. The operations patrol division has no access to recorders in his experience.

Inv. Jones asked what the Sergeant knew of the incident prior to contacting the Police Chief. He said within approximately 10 minutes of being on scene, he reported that HAUSCARRIAGUE attempted a takedown of [REDACTED] and [REDACTED] was injured and heading out for medical treatment. He did not know at that time that HAUSCARRIAGUE had been injured. Sgt. Kotsinadelis again described the initial briefing he received from the unknown officer on scene. He was told that HAUSCARRIAGUE attempted a "waist" takedown while [REDACTED] was walking toward some bushes near the west courtyard wall. HAUSCARRIAGUE did the takedown from behind the left side of [REDACTED] wrapped around [REDACTED] waist, and tried to take him down and away from the wall. The two of them "got redirected into the wall somehow." Sgt. Kotsinadelis was told by Ofc. Donaldson at a later time that as HAUSCARRIAGUE had [REDACTED] around the waist, [REDACTED] pushed down on HAUSCARRIAGUE's right shoulder with his left arm. [REDACTED] was attempting to gain distance and break the takedown attempt by HAUSCARRIAGUE. That act caused them to go from the left, to the right. Inv. Jones asked if that explanation seemed feasible to him. He said it did.

I again verbalized Sgt. Kotsinadelis' physical description of HAUSCARRIAGUE and [REDACTED]. I told him officers described the takedown as a "tackle." I told him officers reported that [REDACTED] was told to walk away from the gate and towards the wall and he complied with the order. HAUSCARRIAGUE ran towards the patient. [REDACTED] got tackled from behind while within feet of a concrete wall resulting in [REDACTED] going head first into the wall [REDACTED]. [REDACTED] I asked if that sounded feasible. Sgt. Kotsinadelis explained that physical builds of the HPO and the patient do not always depict the truth when factoring that one of them is mentally ill. He believed mental illness has a huge factor on strength. He said the fact that [REDACTED] is in his [REDACTED] and short does not take away from the strength he potentially has. He believed it was feasible for [REDACTED] to have enough strength to redirect the force applied by HAUSCARRIAGUE.

I told him that the way he described the takedown, [REDACTED] would have had one of his hands free. He said that was correct. I asked Sgt. Kotsinadelis if he himself were being driven into a concrete wall and he had one of his hands free, would he have used it to protect his face. He said it depended on if he knew he was going into the wall. I asked him again if he would protect his face and he said not if his hand was tied up because he was pushing on an officer. I asked him again if he would use his arm to protect his face if it was going towards a wall. He replied, "Yes." Inv. Jones asked if TSI training ever taught a waist takedown like he described HAUSCARRIAGUE doing. He said it did not. Arrest control training did not teach that takedown either.

I asked Sgt. Kotsinadelis if he believed HPO's should use physical force on a patient if the patient is just being verbally aggressive. He paused a lot and would not directly answer my questions. Eventually he said you would not use force on a patient if they were "just yelling." He said unless

it was accompanied with a "pre-attack indicator." I asked him what that meant. He listed clenched fists, bladed stance, visible redness, and staff knowing the patient's pre-cursors to potential violence. He believed officers had history with [REDACTED]

I talked about what happened earlier in the day with [REDACTED] on March 23, 2017. I told him [REDACTED] was told by unit staff earlier that he had earned some privileges that were going to allow him to go outside of his unit. He was excited about it. He was told that in error, and when he asked to go on his outing he was told that he was ineligible and had to wait. I also told him that [REDACTED] doctors had recently changed his medications and he had been having problems with the medication change. [REDACTED] threatened to kill a staff member that morning. I told him staff members talked with [REDACTED] and had him go to a seclusion room. He listened to them and went. An alarm was pulled during the incident and HPO's responded to assist. Officers did not take a report for 422 PC against [REDACTED] and they did not physically restrain him even though he threatened to kill staff. [REDACTED] had aggressive body language during the outburst. I also advised him that staff considered [REDACTED] to be "all talk" and he usually does what he is told despite what he is verbalizing.

I then asked Sgt. Kotsinadelis about the statements [REDACTED] had made before the incident where he threatened to kill police. He said an unknown person gave him a briefing that was to be passed down to the officers. [REDACTED] had made threats to kill a staff member or an officer if an upcoming court hearing went bad. I asked if he was arrested for 422 PC. [REDACTED] was not arrested and he did not know why. I asked him why he was arrested for the incident on March 23rd for threatening to kill police. He replied, "I couldn't tell you that." I asked if made sense that the threats that apparently occurred on March 23rd were more important than the threats that occurred days prior. He again said he did not have a reason why.

Sgt. Kotsinadelis added in that he was also aware that [REDACTED] had a history of manufacturing weapons. I asked him how he knew that. He said it was included in the earlier briefing he was provided by the unknown Sergeant. I asked what weapons [REDACTED] had manufactured. He said he did not know and he did not verify any of the information. I asked him if things get poorly communicated at times and he said they do. I asked if he tries to verify statements of threats like he described. He said he does if time permits. He said he would do more "due diligence" to verify the statements for a criminal investigation but it was an officer safety briefing and that was "really all it was."

INTERVIEW OF HOSPITAL POLICE SERGEANT SERGIO FLORES

The following summary was completed by Inv. Jones:

On August 24, 2017, at approximately 1720 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of Sergio Flores at Napa State Hospital. The following is a summary of the information provided during the interview.

Flores stated he is currently a Sergeant with the Napa State Hospital Police Department, and has been with the department for approximately six years, with the last two years at the rank of Sergeant.

Flores stated he was working third watch on March 23, 2017. Flores stated his co-worker Sergeant Kostinadelis and he were the Watch Commanders for that day.

Flores was asked to tell investigators what he remembers regarding the incident with patient [REDACTED] on March 23, 2017. Flores stated the following in summary:

Sgt. Kostinadelis and I were outside the fence (secure area), and there was a request for medical on the unit. The Fire Department here on the grounds were responding to the unit, so we followed behind them.

The Fire Department was already there when we arrived. Kostinadelis and I walked into the courtyard via the gate. The fire fighters were tending to patient [REDACTED] was on his back by a wall, this was on my right side. On my left, there was a couple of officers standing in a group. I don't remember their names. Next to the group (officers) I noticed Officer HAUSCARRIAGUE. I guess the best way to describe HAUSCARRIAGUE is he looked like a small child who was lost in a mall who could not find his parents. HAUSCARRIAGUE looked dazed and confused. I approached them and asked them if HAUSCARRIAGUE was okay. HAUSCARRIAGUE turned around and looked at me he had a blank look on his face. HAUSCARRIAGUE didn't respond right away, so asked him again if he was okay. It took HAUSCARRIAGUE a couple of seconds, and he replied that he might have hit his head, and he wasn't feeling well, that he was nauseous, and felt like he going to throw up, and he had a headache.

I told HAUSCARRIAGUE we should get him medically evaluated. I assisted him into my patrol vehicle. I drove HAUSCARRIAGUE to unit A3 outside the fenced area where they do the medical pre-screening. The nurse who did the evaluation said it would be a good idea to send him out to get further medical treatment.

I drove HAUSCARRIAGUE to the hospital in town (Queen of the Valley Medical Center). HAUSCARRIAGUE was immediately brought into the emergency room. Medical staff were trying to get information from HAUSCARRIAGUE, but he was having trouble remembering his address and telephone number. The doctor came in and she did her thing, and put HAUSCARRIAGUE on [REDACTED] protocol. The doctor recommended HAUSCARRIAGUE not sleep for a certain amount of hours, and not to be by himself incase his symptoms became worse.

After HAUSCARRIAGUE was evaluated, I brought him back here to Napa State Hospital and shared the information with his father, Chief Hauscarriague.

Flores was asked if knows if a PDAS alarm activated regarding the incident. Flores stated, "I don't remember."

Flores was asked if Hospital Police Officers including Sergeants were supposed to carry a PDAS alarm like other employees. Flores stated, "Umm, yeah." It was explained to Flores that he seemed hesitant with his answer. Flores stated, "Yeah, its...since we (officers) have radios and all our communication is done through the radio and that signal is given to dispatch and then dispatch dispatches us to the...to where ever the call is at."

Flores was asked if he had his PDAS alarm with him on the day of the incident. Flores stated, "I did not have it with me." Flores was asked if there was a reason why he didn't have his PDAS alarm with him. Flores stated, "Umm, I have my radio, I just don't...I just didn't have it with me." Flores was asked, so you don't feel you have a reason to wear it. Flores stated, "No."

Flores was asked if would be concerning to him if the officers under him didn't wear their PDAS alarm per policy. Flores stated, "Uhh, I guess I just don't see an issue with, we all carry radios so." Flores stated it was more important for medical staff to carry their PDAS alarms because it is their lifeline.

Flores was asked what other officers he remembered being on the T-13 courtyard when he arrived other than Officer HAUSCARRIAGUE. Flores stated, "I think Officer Becerra, Donaldson, ahh... I don't remember who else was there." Flores was asked about how many officers in total were there. Flores stated, "Four or five maybe."

Flores stated he believes there was approximately five or six level of care staff on the courtyard. Flores could not remember any of the staff members by name, and stated he does not remember if any patients were on the courtyard.

Flores stated when he arrived at the courtyard [REDACTED] was near the west wall lying on his back in the dirt area near the west wall. Flores was asked to describe his observations of [REDACTED] when he first arrived. Flores stated he noticed blood on [REDACTED] face and the fire department personnel were treating him. Flores could not remember if [REDACTED] eye were open, if he was talking, or if he was conscious or not. Flores could not remember any officers being around [REDACTED] just fire fighters standing around him. Flores stated he did not get close enough to see if [REDACTED] was [REDACTED]

Flores stated he does not remember if [REDACTED] was verbally threatening anyone. Flores stated he focused on Officer HAUSCARRIAGUE and did not give any other officers on scene directions. Flores stated he did not conduct any investigatory functions or direct officers while on the courtyard, he was focused on getting medical aid for Officer HAUSCARRIAGUE.

Flores could not remember if he had ever had dealings with patient [REDACTED] before. Flores was asked if there was anything that stands out about patient [REDACTED] to him. Flores stated, "No." Flores described [REDACTED]
Flores described Officer HAUSCARRIAGUE as being 6'01" tall, maybe 210 lbs., in his early twenties, with a fit build.

Flores stated he had nothing to do with the arrest of [REDACTED] and does not know what he was arrested for.

Flores stated the officer's working the day of the incident were in full uniform and wearing their required issued equipment, including pepper spray and baton. Flores stated pepper spray and baton are considered less then lethal force options.

Flores stated he is trained in TSI (Tactical Strategic Intervention) and explained TSI as less then law enforcement techniques, and different control holds.

Flores was asked what he expects his officers to do when they show up to an alarm activation. Flores stated, "Find out where the alarm is at on the unit. Approach the situation and find out what is going on." Flores was asked how they would find out what is going on. Flores stated, "A lot of the times when they get on the unit they usually have staff that is pointing them to a certain direction, or somebody that was directly involved in the incident will sometimes meet us at the door and kind of tell us what is going on. That is usually if it's not an active scene, if it's an active scene then we usually get kind of pointed to where the situation is happening, and kind of depends on the situation if we take over or not, or we just let medical staff handle it."

Flores stated he does not know who the primary officer was on scene. Flores stated he does not remember if he reviewed any reports involving the incident.

Flores was asked when he arrived at the courtyard was he briefed on what occurred. Flores stated, "No." Flores stated none of the officers on scene told him what had occurred. Flores was asked if Officer HAUSCARRIAGUE ever explained to him what occurred. Flores stated, "No." Flores was asked if the first information he received on what occurred was what he read in the report. Flores stated, "Yes."

Flores was asked if a tackle is something they get trained in for TSI or use of force. Flores stated, "We get trained in different takedowns that could possibly be described as a tackle...maybe...probably used poor words in describing what he did."

Flores was asked if he would normally takedown a patient by himself. Flores stated, "If needed." Flores was asked if he would do that if he had other officers and staff members equally trained as himself there. Flores stated, "It depends on the situation I guess. The level of violence they were showing. It's kind of hard to answer that question because it is so broad."

Flores was asked in his six years of working here has he ever had a situation where he had to tackle a patient. Flores stated, "No...I have had to restrain patients, take them to the ground."

Flores stated he does not remember having a briefing with his officers involving patient [REDACTED]

Flores was asked if a patient was threatening to kill officers would it be a significant issue to him. Flores stated, "Absolutely." Flores was asked if that was something that would stand out to him. Flores stated, "Uhh, I don't know maybe. I have been here for six years and we have had patients threaten us in the past. I don't know if maybe I just gotten used to hearing that, I don't know." Flores was asked to explain more on being used to patients making threats toward officers. Flores stated, "Um, in six years I have been here I know it has happened numerous times, it has happened to me." Flores estimated it has happened 40 or 50 times.

Flores was asked if he recalls being involved in an investigation of Penal Code 422 (Terrorist Threats) where an arrest warrant was requested or an arrest was made in those 40 or 50 times. Flores stated, "No." Flores stated it is part of the culture there and part of the job and normal for officers to be threatened, and nothing is done.

Flores was asked if he has written any reports or tried to make an arrest on any of the threats. Flores stated, "I can't remember, probably not."

Flores was told there is a copy of the briefing sheet from March 21, 2017, where it says he (Flores) conducted a briefing and notified multiple officers that patient [REDACTED] had threatened to kill police officers. Flores stated, "Okay, I don't remember." Flores stated he could not remember how he obtained this information, nor does he remember writing the information down on the briefing sheet.

Flores was asked if knew a PDAS alarm had been activated for the T-13 courtyard. Flores stated, "No."

Flores was asked if he remembers a radio broadcast by officers, asking for a Sergeant to respond. Flores stated, "I don't remember that."

Flores was asked if he remembers telling officers on March 21, 2017, that [REDACTED] had threatened to kill officers. Flores stated, "No, I don't remember to be honest with you."

Flores was asked if he knows a [REDACTED]. Flores stated, "He is a staff member."

Flores was asked if Officer HAUSCARRIAGUE has expressed concerns to him regarding [REDACTED]. Flores stated, "No." Flores was asked if any officer has expressed concerns to him regarding [REDACTED]. Flores stated, "No."

Flores stated he was not aware of an incident involving [REDACTED] during the morning hours of March 23, 2017.

INTERVIEW OF HOSPITAL POLICE OFFICER NEIL LEOMO

The following summary was completed by Inv. Jones:

On August 24, 2017, at approximately 1316 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of Neil Leomo at Napa State Hospital. The following is a summary of the information provided during the interview.

Leomo stated he began working as an officer for Napa State Hospital in January 2004. Leomo stated he was working March 23, 2017, assigned to Kiosk 3. Leomo stated he worked a double shift that day with his first shift beginning at 6:00am, and the second shift starting at 2:00pm. Leomo believes he was assigned to Kiosk 3 for both shifts.

Leomo stated he does not normally work inside the secure area of Napa State Hospital, and is not familiar with patient [REDACTED].

Leomo stated he did not respond to any PDAS alarm activations the day of March 23, 2017, as he was working a kiosk assignment.

Leomo stated his Sergeant (Kotsinadelis) contacted him and asked him to meet the ambulance at the sally port gate and assist in escorting a patient to the hospital. Leomo stated another officer was already inside the ambulance with the patient [REDACTED] when he met the ambulance at the sally port gate. Leomo could not remember the name of the other transport officer in the ambulance with him, but acknowledged it was probably Officer Brandt when the investigator mentioned the name to him.

Leomo stated when he was in the ambulance it was the first time he had ever seen patient [REDACTED]. Leomo stated he did not communicate with [REDACTED] while in the ambulance.

Leomo stated [REDACTED] was [REDACTED] while in the ambulance, and [REDACTED] was conscious during the transport. Leomo stated he did not observe any aggressive behavior by [REDACTED].

Leomo stated he observed [REDACTED] but could not recall any other injuries. Leomo stated [REDACTED] was able to talk as [REDACTED] was communicating with the ambulance crew. Leomo stated he does not recall any bad behavior by [REDACTED] during the ambulance ride.

Leomo stated there was a Psychiatric Technician or Registered Nurse that rode in the ambulance also, but he could not remember the name of the individual. Leomo stated it is

standard for a level of care staff from the unit and two officers when escorting a patient to the hospital.

Leomo stated when they arrived at the hospital he asked the level of care staff (unknown male) what had happened with patient [REDACTED]. Leomo stated the level of care staff told him [REDACTED] had been involved in an altercation with officers. Leomo stated he did not know at the time what officers were involved and he did not ask.

Leomo stated there is no documentation on what personnel were involved in the transport of patients.

Leomo stated he learned who the officer was that was involved in the altercation after being at the hospital for a few minutes and he saw Sergeant Flores and Officer HAUSCARRIAGUE arrive at the hospital and go into one of the rooms. Leomo stated he did not speak to them, but did waive hello. Leomo stated he learned later Officer HAUSCARRIAGUE was involved in the altercation.

Leomo stated he did not talk with Officer Brandt about what happened. Leomo stated he is unaware if Brandt witnessed the altercation.

Leomo stated he believes [REDACTED] was discharged from the hospital the same day, and he stayed with [REDACTED] the entire time. Leomo stated he stayed in the hallway outside [REDACTED] room and did not hear what [REDACTED] was saying to anyone in the room.

Leomo stated he has not talked to any officer or his sergeant regarding this incident. Leomo stated he has not accessed RMS (report management system) and looked at the report for this case. Leomo states he does not know the details of the altercation with [REDACTED].

Leomo stated when he saw Flores and HAUSCARRIAGUE enter the hospital, HAUSCARRIAGUE was walking on his own, unassisted, ahead of Flores.

Leomo was asked if he remembers the ambulance crew asking [REDACTED] what happened. Leomo stated, "I didn't hear anything, that they asked questions about that."

Leomo stated he does not participate in shift exchange briefings when he is assigned to a kiosk, he reports directly to the kiosk.

Leomo stated he did not attend a briefing where a Sergeant stated [REDACTED] had threatened to kill officers.

Leomo stated he has received training on responding to a PDAS alarm, but does not remember ever responding to a PDAS alarm as he works outside the secure area in a kiosk. Leomo was asked if part of his training on responding to an alarm was to first conduct an assessment of what is occurring and why the alarm was pulled. Leomo stated, "Yeah."

Leomo stated officers are assigned a PDAS alarm and a charger, and per their policy they are to charge their PDAS at home before reporting to work. Leomo states he carries his charger with him and could also charge his PDAS while at work. Leomo stated if an employee's PDAS was not working, they could exchange it for a working one at the sally port.

Leomo stated there is no excuse he could think of for an officer not to have a working PDAS alarm. Leomo stated it takes less than 30 minutes to fully charge a PDAS unit.

INTERVIEW OF HOSPITAL POLICE OFFICER CURTIS BRANDT

The following summary was completed by Inv. Jones:

On August 28, 2017, at approximately 1135 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of Curtis Brandt at Napa State Hospital. The following is a summary of the information provided during the interview.

Brandt stated he has worked for Napa State Hospital as an officer for two years.

Brandt stated he was working on March 23, 2017 and started that day on second watch working the visitor center (0800 to 1600 hours). Brandt stated he went to the police department building after second watch to sign in for his third watch assignment and grab his keys to work inside patrol (inside the secure area). Brandt stated his third watch assignment was from 1400 to 2200 hours.

Brandt stated he was at the police department building when the PDAS alarm was activated for the T-13 courtyard. Brandt stated he caught a ride with Sergeants Kotsinadelis and Flores to get inside the secure area and to the T-13 courtyard.

Brandt was asked to tell us what he saw when he arrived at the T-13 courtyard. Brandt stated the following in summary:

We were the last three to show up. The incident had already transpired. We entered through the courtyard gate. There were officers there and local staff. The patient was already [REDACTED] on his recovery side, I believe his right side. [REDACTED]

I was the last one there and I was trying to figure out what was going on. Other officers were taking statements from staff. Sergeant Kotsinadelis asked me to go with [REDACTED] to the hospital.

I got into the ambulance and rode to the hospital and sat on [REDACTED] for the entire six hour shift, along with officer Leomo.

Brandt stated when he entered the courtyard through the gate on the north wall, he saw [REDACTED] was to the west near the wall.

Brandt was asked to describe his observations of [REDACTED]. Brandt stated, "Verbally aggressive. A lot of cussing, I think he was calling us pigs. He called us assholes, he hated us, he was going to...I can't remember if he said he was going to kill us...just verbal aggressive."

Brandt was asked in reference to threats to officers, what does he actually recall [REDACTED] saying in the courtyard. Brandt stated, "In the courtyard he said he was going to kill us, he was going to kill us all."

Brandt stated he did not see [REDACTED] physically fighting with officers.

Brandt was asked if any officers told him what happened prior to him leaving. Brandt stated, "No, I asked what happened, it was like there was this altercation, and that's about all I got. Later on I got that he ([REDACTED]) was kicking stuff in the courtyard, and he wouldn't be redirected, he was giving staff problems, and he wasn't listening to officers. That was about all I got."

Brandt was asked how much time elapsed from the time he arrived to when the ambulance got there. Brandt stated approximately five minutes.

Brandt was asked what officers were on scene. Brandt stated, "I believe there was officer Truong, Detective...I am drawing a blank on his name. Officer Becerra was there, Officer HAUSCARRIAGUE, and I want to say Officer Donaldson, and one there is one other officer...Tweedy, Officer Tweedy." Brandt stated Tweedy was the detective he was thinking was there, and stated Tweedy was not a detective when the incident occurred, but is now currently a detective.

Brandt stated there were approximately 6 to 10 staff members present on the courtyard when he was there, but does not know any of their names. Brandt stated there were two or three patients on the courtyard, and they asked them to go back inside the unit.

Brandt stated he did not conduct any interviews or conduct any type of investigative work regarding the incident.

Brandt stated he has no prior history with [REDACTED] that he recalls. Brandt described [REDACTED]

Brandt described Officer Truong as being in his late twenties, slender, 5'08" tall, and 145 lbs. Brandt described Officer Becerra as being 5'08" tall, and 165 lbs. Brandt stated both Truong and Becerra are in good shape and workout.

Brandt described Officer Donaldson as being 6'04" tall, 330 lbs., athletic, in his early thirties.

Brandt described Officer Tweedy as being 6'00" tall, 225 lbs., athletic, works out, in good shape, in his thirties.

Brandt described Officer HAUSCARRIAGUE as being in his mid-twenties, 6'00" tall, 225 lbs., good shape. Brandt stated HAUSCARRIAGUE played football in high school for Justin Sienna School and played offensive and defensive line.

Brandt stated he rode in the ambulance with [REDACTED] from the courtyard to the sally port, and at the sally port, they picked up Officer Leomo. The two officers then provided escort in the ambulance with [REDACTED]

Brandt described [REDACTED] while in the ambulance as being verbally aggressive toward everyone, but more aggressive toward hospital police officers. Brandt could not remember specifics of what [REDACTED] was saying.

Brandt was asked if [REDACTED] demeanor changed when they picked up Officer Leomo. Brandt stated, "No, he was just agitated, it was more of when we got to the hospital that he got more verbally aggressive." Brandt stated [REDACTED] was yelling at the nurses and cursing at them. Brandt stated he spoke to [REDACTED] five or six times telling him to calm down and respect the medical staff that is trying to help him. Brandt stated [REDACTED] de-escalated after he spoke to him.

Brandt stated he heard [REDACTED]

Brandt stated Officer HAUSCARRIAGUE was at the same hospital as [REDACTED] being seen for a possible [REDACTED]. Brandt stated he saw HAUSCARRIAGUE when he was on the courtyard,

and he did not appear abnormal or out of sorts. Brandt stated he did not observe any obvious signs he was injured.

Brandt was asked when he first arrived on scene and was told there had been an altercation, who had told him there was an altercation. Brandt stated, "Off the top of my head I don't remember...it had to be one of the officers, and I don't remember which one."

Brandt was asked what Sergeants Kotsinadelis and Flores did when they first arrived. Brandt stated, "I don't remember."

Brandt stated he thought he remembered someone doing a sign in sheet of people who were on scene, but he wasn't sure. Brandt stated he thought Officer Becerra was completing the sign in sheet, but wasn't completely sure. Brandt was asked where the sign in sheet would be if it was not part of the incident report. Brandt stated he didn't know.

Brandt was asked if he received any information during a briefing regarding patient [REDACTED] prior to the incident. Brandt stated, "No." Brandt was asked if he heard [REDACTED] had threatened to hurt officers. Brandt stated, "No."

Brandt was asked if he has been trained on how to respond to an alarm activation. Brandt stated, "Yes." Brandt was asked what is the first thing you do when you arrive on scene of an alarm activation. Brandt stated, "Find out where the action is, where the patients are at...Our PDAS has the name of who pulled the PDAS. You assess the situation, see what is going on, and then break it down from there. Every scene is going to be different...The first thing you do is find out where it is at and assess the situation."

Brandt was asked if he ever responded to an alarm where he did not do an assessment. Brandt stated, "No, because you have to assess every time you go there."

Brandt was asked how many alarms has he responded to. Brandt stated, "Probably a couple hundred."

Brandt stated there was a Napa Hospital level of care staff that rode in the ambulance with [REDACTED] and the two officers, but the individual rode in the front seat. Brandt could not identify who that person was.

Brandt stated he had been trained in TSI, arrest control, and the use of control holds. Brandt was asked if grabbing a person around the waist and tackling them to the ground is a control they had been taught in TSI. Brandt stated, "TSI is more verbal."

Brandt was asked in his training in arrest control was he was taught twist locks, rear wrist locks, and things of that nature. Brandt stated, "Correct." Brandt was asked if he was ever instructed on bear hugging a person and tackling them. Brandt stated, "If the patient gets squirrely you have to do..." The investigator explained to Brandt that he understood that if it was a straight up fight, a street fight type of situation. Brandt was asked as a control hold in arrest control have you been taught to bear hug and tackle somebody. Brandt stated, "In that aspect no."

Brandt was asked if he had a conversation with [REDACTED] while they were in the ambulance. Brandt stated, "No." Brandt was asked if Officer Leomo had a conversation with [REDACTED]. Brandt stated, "I don't think so." Brandt was asked if he and Officer Leomo ever talked about what happened. Brandt stated, "No...not that I recall."

Brandt was asked if he remembers the ambulance crew talking to [REDACTED] about what happened. Brandt stated, "I don't recall."

Brandt was asked if he heard the hospital staff talk to [REDACTED] about what happened. Brandt stated, "I was there, but I wasn't really listening."

Brandt was asked, so you weren't curious to what [REDACTED] explanation of what happened was. Brandt stated, "No."

Brandt was asked what the culture at Napa State Hospital is regarding patients as witnesses. Brandt stated, "We can use them as long as there...We can...If they are a credible witness as a patient we will ask the staff if they are competent enough to actually give us a statement that is going to stand up."

Brandt was asked if he had an opinion on why none of the witness patients were interviewed regarding this case. Brandt stated, "Like I said I wasn't there at the scene, I was at the very end and I left. I was there for maybe five minutes and I left."

Brandt was asked if he saw a patient at the edge of a cliff ranting and raving, and threatening to kill you, would you run and tackle him off the edge of the cliff. Brandt stated, "No, cause I would go with him."

Brandt was asked when you come into a courtyard and someone is standing right next to a cement wall. Brandt stated, "Again I wasn't there, so I don't know what happened." Brandt was asked if he would take that into consideration when he was assessing the situation. Brandt stated, "Well you have to assess everything, not just the wall...Am I going to go tackle him into the wall, no." Brandt was asked what is training was. Brandt stated, "My training is to talk to him first."

Brandt was asked if part of his duties when doing inside patrol (secure area) is to conduct searches of the courtyards like a shakedown. Brandt stated, "Only when staff asks for it." Brandt was asked if he knows how often the courtyards are searched. Brandt stated, "No I don't." Brandt stated he has never done a search of a courtyard.

Brandt was asked if he knows if there is a routine check of the courtyards for contraband. Brandt stated, "Usually only when stuff is different on the unit, and patients are acting different, and things start popping up. Like one time we found a tattoo machine on the unit."

Brandt stated there is no reason to pat search patients when they go out to the courtyard, or when they come back into the unit. Brandt stated it's not abnormal for a patient not to be searched. Brandt explained that the units and courtyards are a distance away from the perimeter fence and would not have access to weapons or contraband. Brandt was asked if he ever found a weapon on the courtyard. Brandt stated, "No." Brandt was asked if knows of any weapons that ever been found on a courtyard. Brandt stated, "No." Brandt was asked if any weapons have ever been found on patients in the secure area. Brandt stated, "Not that I know of."

INTERVIEW OF HOSPITAL POLICE OFFICER TERENCE MCCULLOUGH

August, 30, 2017 at approximately 1523 hrs, at NSH, OSI Interview room, Inv. Jones and I conducted a digitally recorded interview of Ofc. Terence MCCULLOUGH. The following is a summary of the information provided during the interview:

MCCULLOUGH has been an officer at NSH for approximately 5 years. At the time of the incident, he had been a detective for 3 years but he had been reassigned recently as a patrol officer. On March 23, 2017 he was assigned as a Detective. He worked that day but believed he was off-duty by 1400 hrs. Prior to the incident that afternoon, he has not had any interactions with [REDACTED]. He has not been involved in any criminal investigations regarding [REDACTED]. He has never been involved in any use of force or TSI incidents with [REDACTED]. He has never been provided any information by officers or through police briefings about [REDACTED] prior to the incident.

MCCULLOUGH explained on March 24, 2017, he reviewed the incident. He recalled that there was a rough draft within the reporting system (RMS). He reviewed the rough draft by Ofc. Becerra and it had yet to be completed or approved by a Supervisor. He did not recall if he read supplements to the report at that time or if they were "in depth" at that time. He remembered Ofc. Truong, and Ofc. Nelum had drafts in the system as well but Ofc. Becerra's was the most complete even though it was a "work in progress."

MCCULLOUGH said a large case like [REDACTED] would typically be assigned to the Detective Unit for additional investigation, especially if they believe an arrest may be warranted or pending. Detective Sgt. Pickard assigned the case to Ofc. Davies and MCCULLOUGH was assigned to help her. Ofc. Davies was not a detective and was usually assigned tasks regarding policy review, statistics and other non-investigatory duties. She was an inexperienced Investigator. I asked him if he believed it was a significant case. He said it seemed "giant" to him. I asked if it would be prudent to assign an inexperienced officer as primary and he said he would not have done that himself.

MCCULLOUGH said he assisted with some of Ofc. Davies' interviews and wanted to make sure that they established probable cause if it was in fact present. He said Det. Fagundes assisted them as well but he did not do anything. He was there just as another resource if needed.

Sgt. Pickard advised that they were looking to arrest [REDACTED]. He believed it was implied that an arrest was expected. MCCULLOUGH told Sgt. Pickard, "Well I'm not gonna arrest based on this report." Sgt. Pickard asked what he meant and he replied, "There is no PC in this report. I am not arresting based on what I read. I would be happy to follow up and find my own probable cause or finish what may have been started, but as written I am not arresting on that." Sgt. Pickard did not like his response. He believed the sergeant felt MCCULLOUGH was challenging the sergeant's interpretation of the facts. MCCULLOUGH said he did not agree with the sergeant and he felt the facts were incomplete. He felt the facts did not support probable cause to arrest and he considered charging someone with multiple felonies against an officer was a "big deal."

MCCULLOUGH and Ofc. Davies went to unit A3 to interview [REDACTED]. [REDACTED] was in A3 because that is where patients initially go when they return from the hospital with injuries. [REDACTED] was going to be returned to his original unit once medically stable.

I asked MCCULLOUGH to tell me how the interview went with [REDACTED]. They advised [REDACTED] of his Miranda rights. [REDACTED] raised some questions regarding having an attorney present. MCCULLOUGH said he was very clear with [REDACTED] that if he requested an attorney, questioning would stop. [REDACTED] replied, "Fine. Go ahead. No lawyer." They proceeded with questioning.

Ofc. Davies talked to [REDACTED] about threats and how he received his injuries. [REDACTED] was upset about the injuries he received. He said he was "attacked", he was "jumped" and "tackled from

behind and ran into a wall." [REDACTED] then made death threats to police which included bombing the police station and killing HAUSCARRIAGUE if he ever came back onto [REDACTED] unit. MCCULLOUGH said he believed [REDACTED] had athletic ability for an older man. [REDACTED] had military and martial arts history. [REDACTED] would be able to kill officers if he wanted to. He believed if [REDACTED] was given the opportunity, he had the ability to kill someone. [REDACTED] had no fear or respect for police. He was yelling at Ofc. Davies at times during the interview. MCCULLOUGH felt at the end of the interview that he had established probable cause for the incident and established intent from [REDACTED] statements.

I asked him to explain how a patient is arrested at NSH. He said it "is a giant headache." When a patient is sent to the jail, another patient is sent back to NSH to take his place. This results in NSH administrative staff having influence over who gets arrested and sent out and who is housed within NSH. NSH administrators will sometimes choose to not have a patient arrested and jailed because the patient that they would receive in return, was worse than the patient they were sending to jail.

MCCULLOUGH said he has options when arresting patients to include requesting an arrest warrant or arresting per 836 PC. MCCULLOUGH usually requests arrest warrants for patients. He chose to arrest [REDACTED] per 836 PC because he was a safety risk and he admitted to the crimes. He made the arrest several hours after the interview. He said he made the decision independently and was not directed to make the arrest by his supervisor. Usually this would have been a drawn-out process but because an officer was injured he obtained probable cause and made the arrest outside of the usual process.

MCCULLOUGH said he did not write any other reports or supplements for the incident with [REDACTED]. I asked if he ever read the completed report by officers or just the original rough draft. He said he did not think he did but he read the completed report on August 30, 2017 before his interview with OLES Investigators. He verified it was NSH report 17030418 that he was talking about. I asked him about NSH report 17030419 and he was not familiar with it. I told him it looked like an information report regarding use of force for the incident with [REDACTED]. He said the process at NSH is that a use of force report is written when an HPO uses force beyond TSI. I asked him why the information in the use of force report is not attached to, or included in the criminal report. He did not know why it is done that way.

Reference NSH case 17030418 that was written by HPO Becerra, I asked if the completed report was the same as the rough draft he read originally. He said it was not. The completed report had more justification as to the use of force. More specifically he said the completed report now contained fear that [REDACTED] was going to attack someone, fear that [REDACTED] was going to go for a weapon, and reasons for HPO's using force on [REDACTED]. He told me that he spoke with Ofc. Donaldson the day after the incident and told him it was "bare bones" case and he may want to articulate why he had done what he did. MCCULLOUGH said, "I remember specifically asking him what law was [REDACTED] breaking when you guys used force." MCCULLOUGH felt the responsibility rested on him and Ofc. Davies for the arrest and he felt pressure that he may need to say "No." I asked what he meant. He said when he first read the initial case it screamed out to him that it was going to be a high-profile case and media would be involved. He said it also screamed "IA" and he said he warned the officers the day he read the report that they were probably going to be investigated because of the incident. He told Ofc. Donaldson that he was going to get in trouble. He told him not to lie or add things to the report that did not happen, but Ofc. Donaldson was told he needed to add details to his report.

I asked him if it was normal for a final report to have more information than the original. He said it was a good question because he was trained to write as much as possible, as early as possible. He said updates to a case should be small stuff and the first draft "better be everything". MCCULLOUGH did not have an original copy of the rough draft he read by HPO Becerra.

Since HPO MCCULLOUGH was familiar with the entire case, I asked him if anything stood out to him reference the investigation and report. He said he does not like being critical of fellow officers but the report needed more detail. He said he was trained that any initial contact with a patient should be a control hold. The only time he would tackle someone was if there was an imminent threat of great bodily harm or death. He said he would not have handled the incident the same way they did.

I told MCCULLOUGH that the completed report contained reports from officers that conflicted each other. He agreed and it made him concerned when he read the completed report. He said officers should be able to get their stories straight. He said there was a lot of reasonable doubt regarding why officers did what they did. He wondered why officers that were standing next to each other could report things so differently. He said one officer said [REDACTED] was facing them, and another says [REDACTED] wasn't. MCCULLOUGH said, "How do you mistake that?" He also noticed there was no timeline provided in the report that gave reference to what occurred and at what time. He said it did not appear to him that an overview of the report was done by a Supervisor.

I asked what his overall impression of the incident was from reading the completed report. He said he was a use of force instructor and a firearms instructor. He said if he were to look at the incident as if he were an officer involved shooting investigator or an officer involved "tackling" investigator, he would consider it a "bad shoot." He said his first impression of the incident was, "Uht oh. You guys might have stepped in it here." I asked why it looked bad to him. He said, "As written, the guy is complying with your verbal order and you tackle him. That's probably a problem. Unless you can, again, articulate an imminent threat of great bodily harm or death to another individual, or a weapon in sight" or a potential weapon in close proximity. [REDACTED] was in a locked courtyard so he did not pose an escape risk. He also added that he asked the officers if they effected an arrest per 835a PC. He said the requirements to overcome resistance, effect and arrest or prevent escape were not articulated in the report.

MCCULLOUGH said if force can be used, it needs to be reasonable. He said you cannot run someone head first into a wall, even if it is accidental. He said the first contact of a patient should be a control hold. He referenced the completed report and said again that as written, [REDACTED] was given a verbal order and was taken down while complying with the order. He said the report did not address why HAUSCARRIAGUE used the amount of force he did. He said officers carry less lethal options on their duty belts and wonders why they used physical force at all when they had other options. His experience is that merely racking a baton (act of extending a collapsible baton) gets "instant compliance here." The patients stop what they are doing and prone themselves out. He said, "It's beautiful, nobody gets hurt, you cuff them up, we're good to go." He said he is really worried for the involved officers and believes they may have jumped on [REDACTED] without good reason.

I asked MCCULLOUGH if, when responding to PDAS alarms, he normally talks with level of care staff upon arrival. He said it depends on the level of incident. If nothing required immediate intervention he would ask level of care staff about what was happening. He said often times, the alarm is pulled for medical reasons, not for reasons that require HPO intervention. Also,

staff will pull an alarm to get HPO's to assist with non-law enforcement incidents. He also said that the mere presence of additional staff and HPO's can allow patients the opportunity to make appropriate decisions to avoid physical contact with staff.

I asked MCCULLOUGH if patients are ever used as witnesses in criminal reports. He said he was an FTO (field Training Officer) and he trained officers to interview anyone, including patients and any staff members. He believes any one witnessing an incident should be interviewed and any information available should be obtained. He said patients have been used as witnesses for criminal convictions of other patients in the past. I told him that there were approximately six staff members and twenty patients on the courtyard when the incident happened. He said, "Wow, none of that was in the first report that I read. As I read it, it appeared to be an empty courtyard." He said some patients can remember things better than non-patients.

I then asked him to describe HAUSCARRIAGUE's physical description. He provided a similar description as the other officers and added, "He looks like a football player." I asked him if knew any history of HAUSCARRIAGUE. He said he was the Chief's son so he was careful not to get too involved with him and kept everything professional instead of personal with him. He described [REDACTED] as a "little guy." He said he looked wiry and strong. He said he was obviously strong enough to wiggle away from HAUSCARRIAGUE and run him into a wall. I asked him if he would be surprised if witnesses said that actually did not happen at all. He said he would be disappointed in whoever said that it did happen if it was proven to not be factual.

I asked him if it was significant that patient witnesses were not identified and interviewed. He said it was. He went on to say that it is good to talk to as many witnesses as possible because an officer may be confident of what he saw, but other people did not see it the same way. He said officers can get tunnel vision or a "holy cow" factor. He said it has been proven that incidents that occur quickly can result in officers remembering facts incorrectly. For that reason, he would not rely solely on his own interpretation of facts and would always talk to as many witnesses as possible. He said you are required as an officer to document statements even if they are contrary to your own recollection of the event.

I asked if HPO's have access to digital recordings for interviews. He believed officers only needed to ask for one and a supervisor would provide them. He believed the officers had them available at the substation but he was not sure. He carries a digital recorder that was given to him when he was a detective. He knows some officers carry and use personal recording devices. He knows HPO's should take notes. I asked if he would be surprised if witnesses said the officers did not accurately document their statements. He said that was disappointing to him if it happened.

Inv. Jones asked MCCULLOUGH some clarifying questions. Inv. Jones asked if he believed there was probable cause to arrest [REDACTED] based on the draft report he read that was written by HPO Becerra. He replied, "No." He clarified that the original draft said [REDACTED] was standing near a gate. [REDACTED] was told to move away from the gate and he was complying. HAUSCARRIAGUE tackled [REDACTED] while he was walking away. He said he told Ofc. Donaldson, "Stuart, as written, you guys tackled this guy while he was complying with your verbal command. You know how bad that looks? And that is exactly what I said. I said what law was he breaking when you used force? That's the first thing I said to him." MCCULLOUGH also remembered thinking about all the crucial information that was not included in the initial report.

MCCULLOUGH said he only assisted Ofc. Davies with her interviews and investigation as a quasi-training officer. Inv. Jones confirmed that she was assigned to the investigation. He agreed. Sgt. Pickard did not provide them a briefing about the case but he believed they were told to read the case and provide him with input in regards to what they thought. That was when he told Sgt. Pickard that he was not going to risk a false arrest of [REDACTED] based on the report he read. Sgt. Pickard asked why and he said it was incomplete and did not contain probable cause for arresting [REDACTED]. Sgt. Pickard then told him to do more investigating and dig deeper into what happened to see if they could develop probable cause. Inv. Jones asked if MCCULLOUGH was directed to develop probable cause or was he allowed to investigate the incident to see where it lead them. He said he was told to see where it goes to see if probable cause presented itself.

MCCULLOUGH and Ofc. Davies reviewed the case together and came up with an investigative plan. They developed questions for [REDACTED]. They then interviewed him around 1100 hrs. They then had a briefing after the interview and discussed what [REDACTED] said and had done. MCCULLOUGH said he was the one that determined that probable cause had been established to execute an arrest of [REDACTED]. Inv. Jones asked if he understood MCCULLOUGH correctly that he had concerns about the case when he read the initial report by [REDACTED]. MCCULLOUGH said that was correct. Inv. Jones asked him if he reviewed Ofc. Becerra's report prior to making the decision to arrest. He believed they may have reviewed the original draft report by HPO Becerra and combined the information from the initial report with the information they obtained from interviewing [REDACTED]. He said the report by Becerra had not been changed or updated yet. MCCULLOUGH said the arrest of [REDACTED] was justified based on [REDACTED] threatening to kill HAUSCARRIAGUE, combined with [REDACTED] having training and ways to kill the officer, and the fact [REDACTED] resisted and injured an officer.

Inv. Jones asked MCCULLOUGH where in the initial report, and where in [REDACTED] statement did he see the elements for an assault on HAUSCARRIAGUE. He added that he charged [REDACTED] with 69 PC because he threatened HAUSCARRIAGUE and said he would kill him with his bare hands. He said [REDACTED] said the officer better "watch his back" if he came back to the unit. He made threats that MCCULLOUGH believed to be consistent with 422 PC. Inv. Jones clarified that the threats [REDACTED] made to him were for future events and MCCULLOUGH said that was correct.

Inv. Jones asked him if [REDACTED] made any statements where he admitted to threatening to kill officers, or assaulting them in the courtyard. MCCULLOUGH referred to a copy of his report and started to look through it for a bit. He then asked if the interview was going in a direction where he could possibly be disciplined. He said if so, he was going to need to seek representation. He was told that was his right and he could if he would like to. He continued to look at his report for a while. He added again that [REDACTED] said he would kill HAUSCARRIAGUE in the future if given a chance. MCCULLOUGH then said he was going to stop the interview until he obtained representation. Once the audio recording was discontinued, MCCULLOUGH advised he was going to get an attorney before any future questioning commenced.

INTERVIEW DETECTIVE ROSS TWEEDY

On Sept 5, 2017, at approximately 1350 hrs, at NSH, OSI Interview room, Inv. Jones and I conducted a digitally recorded interview of Det. Ross Tweedy. The following is a summary of the information provided during the interview:

Det. Tweedy has been an officer at NSH for approximately 5 years. He has also worked as a jailer for a short time. He has attended a POST Academy but he does not have any other law enforcement experience. He has been a Detective for approximately two months and was a patrol officer before that. He was a patrol officer and wore a green and tan uniform. His regularly scheduled shift on March 23, 2017 was first watch but he was working an overtime shift for third watch that day.

Det. Tweedy has history with [REDACTED]. He explained that he was an FTO and he had a trainee that responded to an incident on Unit T-13. They were possibly doing a standby for medication administration or lock-down seclusion but he was not sure. He remembered [REDACTED] was going to receive medication so they ordered him to get up and [REDACTED] was placed against the wall without any use of force. The trainee was too close to [REDACTED] and without provocation, [REDACTED] swung his head back and headbutted the trainee. [REDACTED] He said TSI was used to get him into [REDACTED] and physical force was not used. Det. Tweedy said the incident was documented.

Det. Tweedy said [REDACTED] historically is hard to redirect when he is "escalating". He went on to describe an incident that occurred the week before the courtyard incident. He said an unknown patient heard [REDACTED] say that he wanted to kill staff. The patient then told an unknown staff member. The staff called the HPO's asking if they could search [REDACTED] room and locker. [REDACTED] was present for the search and was agitated. He was compliant but verbally resistive. He held a pencil at one point during the search and he was told to put it down and he complied. Even though [REDACTED] was yelling, he still followed officers' commands. He did not recall finding weapons or contraband during the search. I told him that my impression of [REDACTED] from what others have told me is that he will physically comply with officers' orders as he continues to be verbally aggressive are resistive. He replied, "Yeah."

I asked if HPO's interviewed [REDACTED] in his room regarding the threats he may have made. He said they did not interview him but he was admonished about the threats he made. [REDACTED] just responded, "Fuck you motherfuckers" which he said was [REDACTED] usual response. He believed HPO's Donaldson and Becerra were present for the admonishment. He did not recall that [REDACTED] threatened police during the admonishment. He did not believe a report was taken. He was not arrested and he did not believe [REDACTED] committed 422 PC or 69 PC. I asked him why he did not think that. He said he was not in fear of [REDACTED] and he did not believe any of the other officers were in fear. I asked why he was not in fear and he said he did not see any validity in [REDACTED] statements. He said he felt like he could protect himself against [REDACTED] and did not believe the threats were substantial. I asked him if officers would have documented the incident or arrested [REDACTED] if they took the threats seriously. He said they would have and the HPO's would have discussed the incident further but they did not. Det. Tweedy did not have any history with [REDACTED] possessing or manufacturing weapons.

We then focused on the courtyard incident. He said he started his shift with his issued equipment which included OC spray and a baton. He may have been wearing his PDAS that day but he was not sure. He did agree that HPO's have a need to wear the PDAS for safety because the radio does not work everywhere in the institution.

Det. Tweedy explained that the HPO's were in the police substation near the Unit T-13 Courtyard. The officers were notified and dispatched to a PDAS alarm in the T-13 Courtyard. Det. Tweedy could immediately hear yelling coming from the courtyard. HPO's walked up to the north gate. He said he looked into the courtyard and saw staff and patients in the courtyard. He

saw [REDACTED] screaming loudly, pacing back and forth. He was not focusing on police at that time and they had a hard time getting his attention. He figured [REDACTED] was the reason for the alarm pull because staff and patients were separated from [REDACTED].

[REDACTED] was at the fence. Ofc. Donaldson told [REDACTED] to back away from the fence. [REDACTED] yelled an unknown profanity and then he walked away from the fence. He kicked a white plastic chair as he was walking. Det. Tweedy keyed the lock and opened the gate. HAUSCARRIAGUE entered through the gate and told [REDACTED] to stop walking away. [REDACTED] said something similar to "I am gonna kill you" or "I want you to die." Other HPO's had entered the courtyard as well and he estimated that seven seconds had passed. [REDACTED] was still walking away. [REDACTED] started to turn towards HAUSCARRIAGUE and HAUSCARRIAGUE did a "common tackle containment." They both collided into the west cement wall. Ofc.'s Becerra and Truong [REDACTED] Det. Tweedy requested medical to respond in for [REDACTED] and then he assisted with keeping patients away from the scene as staff got patients back into the unit.

I asked Det. Tweedy if he conducted any interviews in the courtyard. He said he may have conducted an interview of a staff member but he would have to refer to his report to refresh his memory. He said it was a hectic incident and he remembered HPO's were interviewing staff but he did not recall who was interviewed or if the interviews were documented.

We then discussed the incident in greater detail. Det. Tweedy said the HPO's that responded with him to the call were HAUSCARRIAGUE, Donaldson, Truong and Becerra. They were all together when they ran to the courtyard. [REDACTED] was pacing from east to west near the fence. He could not recall if [REDACTED] had any headphones on his head. He did not have anything that could be considered a weapon in his hands. He believed [REDACTED] was able to hear Ofc. Donaldson's commands because [REDACTED] looked at the HPO's when he was told to step away from the fence. He said [REDACTED] did not verbally respond to Ofc. Donaldson and he did not know if [REDACTED] actually heard them or not.

I asked if any staff members were around [REDACTED]. He remembered there were staff members near the T-13 door. He recalled some staff may have been within 25 feet of [REDACTED]. He said some patients were still very close. Some patients were sitting and some were watching what was happening.

I asked if the HPO's communicated and developed a plan before entering the courtyard. I told him if there is no immediate threat to anyone, the patient isn't trying to escape and officers aren't trying to make an arrest, then officers have time to develop a plan. I told him a prudent officer would do that and he replied, "Of course." He said they did not communicate at all prior to entering the courtyard. I asked why. He said he could not speak for HAUSCARRIAGUE's decisions. I said he was the one that opened the door so why didn't he come up with a plan. He said he believed there were "exigent" circumstances and they needed to calm [REDACTED] down and be present. He believed they needed to keep people safe, including [REDACTED].

I asked if [REDACTED] was doing anything that indicated he was a threat to himself. He said no. I asked if [REDACTED] was directing any aggression towards patients. He said no. He then added that [REDACTED] was more focused on the police when they showed up. I asked if [REDACTED] was focused on any staff members and he said he was not focused on any staff in particular. I summarized that [REDACTED] was in a locked courtyard, upset and pacing back and forth. Staff were not in the immediate area, patients were hanging around and [REDACTED] wasn't focused on any of them. [REDACTED] was upset that police were on scene. I then asked him if any of the HPO's ever

thought that maybe it was not the best idea to enter the courtyard right there. He said hindsight is 20/20.

I told him again that I was trying to understand the exigency. He said HPO's needed to enter to take control of the situation. I asked him what type of control was needed for that situation. He said his idea of control always starts with the least amount of force possible. He said when he opened the door, the officers engaged with [REDACTED] before Det. Tweedy could do anything. He said he was one of the most senior officers on scene. I asked him what he expected the other officers to do when he opened the gate. He said his intent was to take control of the situation if staff were not going to assist. He believed it was a law enforcement intervention at that time. Det. Tweedy then said, based on [REDACTED] history, HAUSCARRIAGUE's actions were common. Det. Tweedy believed TSI was an option but he did not know why HAUSCARRIAGUE chose to not use it.

I asked him if HPO's usually try and talk with staff to determine why an alarm was pulled and which patient was involved. He said that usually happens but they did not have the time. I told him that it appeared to me that they had the opportunity but someone put the situation into a trajectory that made the situation accelerate quicker than it needed to. He replied, "Yeah."

I asked him if all HPO's went towards [REDACTED] when he opened the gate. He said he knew HAUSCARRIAGUE was the initial officer in. I asked if HAUSCARRIAGUE "hit the gate running." He said he believed so. As HAUSCARRIAGUE breached the gate he gave [REDACTED] an unknown command. [REDACTED] turned and yelled something back.

I then asked him to describe HAUSCARRIAGUE. He described him as other witnesses had. I asked him if he was aware that HAUSCARRIAGUE was a starting offensive and defensive lineman for his high school football team. He was not aware of that. I asked if HAUSCARRIAGUE ran into the courtyard like a football player. He paused a while and said he did not know. I then asked if he tackled [REDACTED] like a football player. He paused again while looking directly at me. He laughed a bit and said, "Maybe." I said, "Maybe?" and he smiled a bit and nodded his head affirmative.

I then went back to where Det. Tweedy was describing HAUSCARRIAGUE running into the courtyard. He described the pace as a "pretty quick run." [REDACTED] was approximately six feet from the west wall when HAUSCARRIAGUE entered the courtyard. [REDACTED] back was to the officer. [REDACTED] upper torso turned counter clockwise as if [REDACTED] was looking over his left shoulder towards HAUSCARRIAGUE. [REDACTED] did not stop walking or turn the rest of his body, just the upper torso. His fists were clenched.

HAUSCARRIAGUE then "tackled" [REDACTED] by wrapping both his arms around [REDACTED] waist. I asked if HAUSCARRIAGUE lowered his shoulder and projected his body forward with feet off the ground as if he was doing a "flying" tackle. He said he would not describe it as a flying tackle but it was similar as to how I described it. He further described that HAUSCARRIAGUE was behind [REDACTED] as he projected himself towards [REDACTED] with his hands out. HAUSCARRIAGUE had his arms around [REDACTED] and "used force to move him forward." The "brute force" pushed [REDACTED] towards the wall. Det. Tweedy said he heard a loud noise and saw [REDACTED] head against the wall with blood on the wall a couple feet up off the ground. He said HAUSCARRIAGUE was blocking his view of seeing [REDACTED] head contact the wall.

I asked if the incident was an instantaneous thing or if there was time for [REDACTED] to fight with the officer. Det. Tweedy said "definitely not" and said that [REDACTED] hit the wall immediately after the contact by HAUSCARRIAGUE. Det. Tweedy said the other officers [REDACTED] [REDACTED] quickly and without incident. [REDACTED] was conscious and was yelling vulgarities at staff and officers. I explained to him that mentally ill patients can sometimes exhibit extraordinary strength when fighting police. He did not think the incident with [REDACTED] was an example of one of those times.

I asked Det. Tweedy if he believed there were any issues with working alongside the Chief's son. He said there were not and he did not feel any pressure to cover up for HAUSCARRIAGUE because of who his father was. He said he will only document and tell the truth. He said if he saw something that was "not good" then "it is what it is." I asked him if what he saw was "good." He said he believed it could have been handled a different way. I asked him how it could have been handled differently. He said maybe if they had more time, or if it was a different officer that went into the courtyard first, or if there was a different set of officers that responded.

I asked Det. Tweedy if any other HPO's gave [REDACTED] any verbal commands during the incident. He said other than what Ofc. Donaldson and HAUSCARRIAGUE said, no other commands were given. He did not recall anyone telling [REDACTED] to get down on the ground. No one deployed a baton or OC spray. He said deploying a baton can have an intimidating effect on patients and will sometimes result in compliance. He said HPO's do not deploy OC spray often at NSH. He said the culture at the facility is to not use OC spray and they would rather have officers use a baton.

Det. Tweedy was allowed to review the supplemental reports he wrote for NSH 17030418 and NSH 17030419. I told him the second report contained three interviews that he conducted in the courtyard. After reviewing the reports, he recalled conducting the interviews. He did not have additional detail to provide other than what he had documented in his report. I summarized his written interview of SW [REDACTED]. I asked him if it was a thorough interview and he said it was the best he could do at the time. I asked if he did any follow up interviews and he said he did not. Reference the interview with RN [REDACTED] he did recall that RN [REDACTED] said he did not see the incident and he believed Dr. [REDACTED] said the same thing. I asked him if he was surprised that I got a lot more information from them during my interviews. He was not surprised and believed that they may have talked with each other as time passed and now had more to add to their story. I told him I found it strange that over time the officers seemed to have less recollection of the event. Det. Tweedy had no explanation for that.

Det. Tweedy said he has not read other officers' reports since the incident happened. He did not recall anything being strange about the reports. I asked him if it was strange that some officers documented details that were in contrast of other officers. I told him some of the officer reports said [REDACTED] took a fighting stance with HAUSCARRIAGUE and some said [REDACTED] actually fought HAUSCARRIAGUE off of him and drug him into the wall. He replied, "That's not what I saw." I asked him if it was even remotely possible. He replied, "I don't think so." I told him staff statements were similar to his where they reported HAUSCARRIAGUE running through the gate as soon as it was opened and tackled [REDACTED] from behind and into the cement wall. He gave no warnings, commands or chances for [REDACTED] to comply and no less lethal force options or TSI was utilized.

I asked Det. Tweedy if he had ever been trained to tackle someone like he saw HAUSCARRIAGUE use on [REDACTED]. He said he had not been trained to do that. I asked him

how he would describe the move HAUSCARRIAGUE used to take [REDACTED] down to a layperson. He replied, "Tackled him." Det. Tweedy added that he did not believe HAUSCARRIAGUE was trying to do a wall containment but he also did not believe he intended for [REDACTED] to hit the wall.

Det. Tweedy reviewed the 2017 California Penal Code book for 69 PC. I asked if he believed [REDACTED] committed 69 PC. He said in some ways, yes, because [REDACTED] changed the performance of an officer's duties. I said that sounded more like 148 PC and he agreed they may have been a more accurate charge. I asked him if [REDACTED] did anything on March 23, 2017 that resulted in him being charged with 422 PC. He said HAUSCARRIAGUE may have felt threatened but he himself did not. I asked him again if [REDACTED] did anything that day in the courtyard that required immediate officer intervention. He said he did not know if he would have done things the same way HAUSCARRIAGUE did them. He said he would have tried to triangulate around [REDACTED] with the other officers to put them into a better position to deal with him. He said surrounding a patient with officers to contain them and use the least amount of force is his preferred tactic. He then said that 90 % of the time that is what officers do. They surround a patient and start to talk him down. If the patient does not calm down they will slowly get into position. I asked if that happened that day and he said it did not.

Det. Tweedy believed the cement wall is what changed the entire situation. I told him I believed the wall was irrelevant and what was concerning was the decision making that lead up to the contact. If the reason or justification for the physical force to be used on [REDACTED] was insufficient, then everything that happened after could be the officer's responsibility, even if he did not intend on [REDACTED] hitting the wall.

Det. Tweedy considered HAUSCARRIAGUE his friend at work. They have not discussed the incident together since it had occurred.

Inv. Jones asked Det. Tweedy again what order [REDACTED] refused to follow. He said [REDACTED] refused to stop walking away. Within two or three seconds of Ofc. Donaldson telling [REDACTED] to walk away from the gate, Det. Tweedy keyed the gate open. Then HAUSCARRIAGUE ran in while [REDACTED] was walking away. HAUSCARRIAGUE gave the order for [REDACTED] to stop walking away while he (HAUSCARRIAGUE) was running towards him. Det. Tweedy estimated that approximately two to three seconds elapsed between the times HAUSCARRIAGUE contacted [REDACTED] and then they hit the wall. I asked if there was time for things to happen between the two of them and he said there was not time for anything to happen. We asked if there was time for [REDACTED] to resist HAUSCARRIAGUE before hitting the wall. He said he did not know and HAUSCARRIAGUE could have felt resistance from [REDACTED]. We asked the question in different ways but he would not give a direct answer.

Inv. Jones asked Det. Tweedy again if weapons were located when [REDACTED] room was searched days before the incident. Det. Tweedy said no documentation that weapons were found. Inv. Jones asked him if the likelihood of finding weapons on the Courtyard from [REDACTED] was minimal. He replied, "Yes." Interview length 1:36.

INTERVIEW HPO JOSE BECERRA

On September 5, 2017 at approximately 1730 hrs, at NSH, OSI Interview room, Inv. Jones and I conducted a digitally recorded interview of Ofc. Jose Becerra. Ofc. Becerra voluntarily came in earlier than his previously scheduled 1900 hr interview. The following is a summary of the information provided during the interview:

Ofc. Becerra attended a POST police academy in Contra Costa County in 2011. He has been an officer at NSH for approximately 4 years. He had no other law enforcement experience. He is currently assigned to bike patrol within the secured treatment area. He said he wears a black uniform. He had the same patrol assignment, third watch, on March 23, 2017.

I asked him how many interactions he has had with patient [REDACTED]. He said, "A lot." He said it seemed like HPO's had been receiving calls about [REDACTED] daily for the week leading up to the incident. He described an incident he witnessed that occurred January 2017 where [REDACTED] head butted another officer. He also told me about [REDACTED] threatening to kill police officers on March 21st. He remembered seeing and talking with [REDACTED] often. [REDACTED] hated police. He told them he was a "gangster", ex-military, and had martial arts history. [REDACTED] said he could kill them if he wanted to. He said HPO's would usually walk by [REDACTED] and did not talk to him much. I asked if they usually ignored [REDACTED] and his statements, and just walked on by. He said they would not ignore him but they would say, "Ok Mr. [REDACTED]" and then continue walking. HPO Becerra rolled his eyes upward and cocked his head slightly to the side as he mimicked what HPO's do when dealing with [REDACTED]. This indicated to me that HPO's possibly did not take [REDACTED] threats seriously.

I asked for detail regarding the incident on the 21st. He said that he attended a shift briefing where Sgt. Flores told them that staff member [REDACTED] overheard [REDACTED] say he wanted to go back to county jail and he was going to kill a police officer to do that. I asked what the HPO's did with that information. He said they talked to [REDACTED] and he told them he was not scared of anyone, especially police. [REDACTED] said he was going to kill "Someone" to go back to jail. Ofc. Becerra was specific at that time that [REDACTED] did not tell them he was going to kill police until they started to leave. He then said he was going to get out and blow them up with hand grenades and kill them all. I asked if they were sent to the call. They said the contact was self-initiated. He did not recall a report being generated for the event. [REDACTED] was not arrested for the threats. He added HPO's rarely arrest patients at NSH. He said he did not know why.

I asked him if the threats [REDACTED] made on the 21st were any different than any other threats he had heard [REDACTED] make in the past. He said usually [REDACTED] would curse and yell threats at HPO's without acting out on the threats. Then [REDACTED] "made a shank" in December of 2016 and threatened the police. [REDACTED] started to escalate after that event and HPO's started to take his threats seriously. I asked him why they did not arrest [REDACTED]. He said the administration would not allow them to arrest patients but he did not know why.

I asked Ofc. Becerra if he witnessed the "shank" incident. He said he did not but he read the report about it and it was discussed during a shift change. I told him I read the report he was talking about and the "shank" he was talking about was a piece of broken radio antennae that just came off a radio [REDACTED] dropped. I told him that the report basically indicated [REDACTED] gave up the antennae piece when ordered by staff and HPO's. He said [REDACTED] had to be ordered multiple times to give up the weapon. I told him the report did not say that. He replied, "No? Well that's just what I heard. Word of mouth."

We then discussed the courtyard incident. I asked him if he was aware of an incident that occurred with [REDACTED] the same morning. He said he did not think so and he did not know if he worked overtime that shift or not. Ofc. Becerra remembered showing up for his assigned shift in full uniform and his issued gear to include his OC spray, baton, police radio and PDAS. I asked if he had his radio that day and he said "Yes." I asked if he had his PDAS that day and he replied, "I don't remember." I told him other officers had indicated that they carry a radio and

do not feel they need to carry a PDAS. He replied, "Yeah." He believed it was redundant because he carried a radio. He knew that PDAS could be used in a criminal investigation to help identify involved parties in a crime. I asked him why HPO's that reportedly responded to the scene did not appear in the PDAS data that would have indicated they were on scene. He did not know why other HPO's did not carry their PDAS.

I asked him how he was alerted of the alarm on the courtyard. He said he was notified by dispatch on his police radio. He was in the substation near T-13 with HPO's Truong, Donaldson, Tweedy and HAUSCARRIAGUE. They ran to the gate on the north side of the courtyard. He was able to hear someone say something similar to "fuck you" and "I'm gonna kill everyone." He saw [REDACTED] pacing back and forth, yelling, screaming and threatening. His fists were clenched and his arms were rigid.

Ofc. Becerra said he noticed that staff were not around [REDACTED] which he said was not normal. He said they usually surround the patient and try to talk with them or perform TSI on the patient. Ofc. Becerra became concerned. He did not know if [REDACTED] possibly had a weapon or if he had just assaulted someone. Ofc. Donaldson asked [REDACTED] to move away from the gate so they could enter. [REDACTED] moved away from the gate. HPO Becerra then said on his own, "I don't know if he moved away because we asked him to or if he was continuing his pacing, but he yelled fuck you motherfuckers, walked away..." [REDACTED] kicked a ball. HPO's entered the courtyard. HAUSCARRIAGUE entered first and Ofc. Becerra followed. HAUSCARRIAGUE told [REDACTED] to stop. [REDACTED] yelled he was going to kill police. Ofc. Becerra felt at that time that they needed to physically contain [REDACTED] before he hurt someone.

Ofc. Becerra continued describing HAUSCARRIAGUE and him running towards [REDACTED]. HAUSCARRIAGUE was in front of Ofc. Becerra and to his left. [REDACTED] still had his fists clenched and he was shaking, screaming and threatening. HAUSCARRIAGUE wrapped his arms around [REDACTED] waist and [REDACTED] turned his body and used his right hand to press off of HAUSCARRIAGUE's right shoulder. Instead of going towards the ground, they both went forward until they hit the wall. [REDACTED] fell in a prone position and HAUSCARRIAGUE was on top of [REDACTED]. Ofc. Truong assisted Ofc. Becerra in [REDACTED]. HAUSCARRIAGUE asked if [REDACTED] was okay and [REDACTED] cursed at him. Staff assisted with [REDACTED] and an ambulance and sergeants were called to the scene. Ofc. Becerra then conducted interviews. He did not remember who he interviewed or how many interviews he did.

Ofc. Becerra estimated the courtyard to be 50 feet long. He said the staff he saw were all the way across the courtyard near the unit entrance/exit. Staff appeared to be scared. I asked him where the patients were. He said he did not know. He assumed they were in the unit. I then asked him if patients were out on the courtyard or inside the unit. He said he did not know. I told him his report said there were no patients near [REDACTED]. He replied, "Yes." I again asked him if he recalled whether they were in the courtyard or not. He replied, "No. I know they were not in the courtyard."

Ofc. Becerra had a clear view of [REDACTED] through the courtyard gate. I asked if [REDACTED] had any headphones or a Walkman on. He said he did not remember. He also did not remember if [REDACTED] had anything in his hands. He did say he would have remembered if [REDACTED] did have a weapon in his hands. He added that he knew [REDACTED] had no weapons in his hands but he did not know if he had any in his waistband or pockets or if he "stashed" something somewhere. I stated, "we never know that do we?" He replied, "No." I asked if that could be the case with any other patient at any time and he said, "Yeah."

I asked him if there were any obviously injured staff or patients on the courtyard when he arrived. He said there was not. I asked why he believed [REDACTED] had a weapon. He said [REDACTED] had a "history of making weapons." I told him [REDACTED] was reported to have broken a radio antenna in the past. Ofc. Becerra acknowledged that there had only been one weapon offense he was aware of in the years that [REDACTED] had been at the facility.

I asked if the HPO's had discussed the situation or developed a plan prior to opening the courtyard gate. He said he did not think so. I told him he described to me a scene where there were no patients around, staff was 50 feet away, HPO's were on the opposite side of a locked gate, and [REDACTED] was pacing back and forth without a weapon in his hands. I told him my experience as an officer was that we would come up with a plan if we were given the opportunity. Ofc. Becerra did not believe they had an opportunity because [REDACTED] could have easily run towards the staff before they could open the gate and enter the courtyard. He said it would have been different if [REDACTED] was locked within a room with staff outside of the room. I told him HPO's could've prepped a key for the gate lock and been ready to respond if necessary. He said they did not want to risk that.

I asked him who opened the door and he said he did not remember. He remembered that HAUSCARRIAGUE entered first though. I told him that my interviews with others indicate that HAUSCARRIAGUE ran into the courtyard. He said he did not remember. I asked if he ran into the courtyard when he followed HAUSCARRIAGUE. He said he did not remember. He did remember running later when [REDACTED] threatened to kill them. I asked why he would chase after someone that just threatened to kill them. He said that [REDACTED] was facing away from them and he felt it was a perfect opportunity to contain [REDACTED]. I asked if [REDACTED] had committed any crimes at that point. He replied, "I guess you could say criminal threats." I asked who the threats were against and he said HPO's and staff. I asked if he felt threatened and he said he did. I then asked him again why he did not arrest [REDACTED] for criminal threats several days prior when he threatened to kill HPO's. He said the facility administration will not arrest patients. I told him I did not believe he was going to arrest [REDACTED] the day on the courtyard. He replied, "Me personally? No." I asked if HPO's were going to affect an arrest on [REDACTED]. He replied, "Me? No." I asked if any HPO's were going to arrest [REDACTED] in the courtyard. He replied, "No." I asked if [REDACTED] was trying to escape the facility and he said he was not. [REDACTED] did not indicate that he wanted to harm himself.

Ofc. Becerra described HAUSCARRIAGUE as 6 feet tall and 220 lbs. He described the other officers accurately as far as physical appearance and conditioning. I told him that he described about 1000 pounds worth of fit and trained men with gear, OC spray and batons. He described [REDACTED] [REDACTED] [REDACTED] He estimated him to be [REDACTED] years old.

Ofc. Becerra said when they all entered the courtyard, they were approximately eight feet from [REDACTED] and they were now at risk. I asked if it was possible for some officers to stand by behind the locked gate, in a position to respond to [REDACTED] if needed, while other HPO's went around and entered the courtyard from another side of the courtyard. He said it was possible. I asked if there was a reason they did not do that. He replied, "Like I said, we entered the courtyard and I saw an opportunity so..." He paused and I asked, "Opportunity to what?" He said an opportunity to stop the threat. I asked again what he was doing and he said [REDACTED] was threatening to kill them. The way Ofc. Becerra described it, I told him the HPO's put themselves in that situation. I told them they were not at risk until they stepped into that courtyard. He said staff were at risk. I told him that courtyard was an estimated 80 feet across where the staff were reported by him to be.

I told him I found it strange that he believed a patient in the condition he described [REDACTED] to be in, was going to be able to sprint across the courtyard and attack the staff before HPO's could catch him. Ofc. Becerra said he has learned physical build does not matter. I told him that was possibly true but that goes for every patient then and we don't just tackle everyone because we think they might have a weapon or they might kill them.

I told Ofc. Becerra that it sounded like, before HAUSCARRIAGUE decided to physically contain [REDACTED] that Ofc. Becerra was going to make physical contact with [REDACTED]. He said, "yes." I asked him why the incident was an emergent or exigent circumstance. He said [REDACTED] had been escalating for a week, he has assaulted an officer in the past, he was threatening police, his fists were clenched and he kicked objects in the courtyard while threatening to harm others. Ofc. Becerra explained what exigency meant to him. I asked him who created the exigency and he said [REDACTED] did. I told him he was blaming the mentally ill patient that is locked up in a mental institution. He did not reply. I told him he was blaming a patient when he admitted that there were other options available to the HPO's that could have changed the outcome. He paused a bit and said, "Well.....I guess I don't understand your question."

Inv. Jones asked how the incident on the courtyard was any different than when HPO's are walked down a hallway when [REDACTED] threatened them. He said staff pulled the alarm and needed help. Inv. Jones asked him how he knew staff needed help. He said staff pulled a PDAS alarm but he did not know the reason why they pulled it. I asked for reasons that staff pull alarms. He said it is for when they fear for their safety or if someone is in danger. I asked if they ever pull an alarm for a show of support from staff. He did not believe they were supposed to pull an alarm for things like that. They are supposed to call staff by phone if additional staff are needed. He said staff only pull a PDAS alarm when they are in fear for their safety.

When HPO's entered the courtyard, Ofc. Becerra had a clear view of [REDACTED] was approximately eight to ten feet from the wall. He estimated that it was almost 20 feet from the gate to the west wall. Ofc. Becerra said it appeared that [REDACTED] had complied with an HPO's order for him to get away from the gate. HAUSCARRIAGUE and Ofc. Becerra jogged towards [REDACTED] as he walked away from them. [REDACTED] was five feet from the cement wall by the time HAUSCARRIAGUE caught up to him. I asked if [REDACTED] was still walking or if he had stopped just before contacted by HAUSCARRIAGUE. He said he did not remember. I asked him what [REDACTED] was doing just before HAUSCARRIAGUE made contact with him. He said he did not remember.

I asked if [REDACTED] turned around and faced them. He replied, "No." I asked if [REDACTED] took a fighting stance. He avoided answering the question and I asked it in many different ways. He said he was being aggressive but ultimately said [REDACTED] did not take a fighting stance with officers.

I asked if HAUSCARRIAGUE ordered [REDACTED] to get down on the ground as he approached him. He said he told [REDACTED] to stop. He did not recall what was actually said. He did not recall how many times he gave the command but agreed it was likely just once. [REDACTED] was still yelling loudly that he was going to hurt officers. I asked if [REDACTED] heard police commands and he said he did not know. I asked if [REDACTED] was given an opportunity to follow the command to stop and I asked if HAUSCARRIAGUE stopped himself to allow for time. He said HAUSCARRIAGUE did not stop but he believed [REDACTED] had an opportunity to follow the command.

I asked Ofc. Becerra if he believed [REDACTED] had time to hear HAUSCARRIAGUE's one command to stop and then process the command and then decide how to respond in the short distance and time that he was given. He replied, "If someone told me to stop it wouldn't take that long to stop." I reminded him that [REDACTED] was elderly and mentally ill. I told him [REDACTED] takes a lot of medication as well. I reminded him that [REDACTED] was not the same as him. Ofc. Becerra remained quiet. I told him if HPO's treat patients as if they were not mental patients, it would pose problems for the HPO's. He continued to remain quiet.

I then asked for more detail regarding how the takedown of [REDACTED] went. He said HAUSCARRIAGUE wrapped both of his arms around [REDACTED] waist area. He did not remember details as to whether or not HAUSCARRIAGUE remained upright or ducked down to grab the patient around the waist. I told him that it had been reported that [REDACTED] may have only turned his torso and not his actual body. He agreed that [REDACTED] only turned his upper body. I asked if [REDACTED] torso turned clockwise or counterclockwise. He said it turned clockwise. HPO Becerra indicated with his own head that [REDACTED] did not look all the way back towards HAUSCARRIAGUE but he did reach back towards the officer. I asked where HAUSCARRIAGUE had placed his own head during the tackle. I asked if it was waist level or shoulder level or on the right, left or middle of [REDACTED] back. He said he did not remember.

He continued by saying [REDACTED] used his right arm to push HAUSCARRIAGUE. He did not know what [REDACTED] left hand was doing. He said it "looked like" [REDACTED] pushed HAUSCARRIAGUE and they went forward instead of down to the ground. Ofc. Becerra worked with me in the interview room and tried to demonstrate the physical confrontation. Ofc. Becerra tried to walk me through what he witnessed and he appeared very unsure. I quickly demonstrated that the way he described the contact was very difficult to do. He said I had longer arms than [REDACTED] which was likely why. We then switched roles as if he was [REDACTED]

Ofc. Becerra attempted to demonstrate what [REDACTED] did which seemed to me to again be very unlikely. I asked how I (as HAUSCARRIAGUE) would have hit the wall with my head as he demonstrated. He said he did not know. He then added that he did not even know HAUSCARRIAGUE hit his head until afterwards. I asked him if it was possible that [REDACTED] was able to push HAUSCARRIAGUE off of him and he said he did not push him off and HAUSCARRIAGUE never broke contact with him. I asked him for more details as to what made him believe HAUSCARRIAGUE was attempting to take [REDACTED] down to the ground and not towards the wall. He said he guessed that his focus was on [REDACTED] and not on what HAUSCARRIAGUE was doing.

During the continued demonstration, it was apparent to me, at least how it was being shown to me that it was very unlikely that the physical contact occurred the way Ofc. Becerra remembered it. I told him it was very unlikely that [REDACTED] was able to disrupt HAUSCARRIAGUE's momentum during the tackle. He again said that he (Ofc. Becerra) is smaller than HAUSCARRIAGUE but squats and lifts more weight than him and he believed he would be able to deflect HAUSCARRIAGUE off of his intended path. I reminded him that [REDACTED] was a [REDACTED] Ofc. Becerra did not respond.

[REDACTED] then said HAUSCARRIAGUE was on top of [REDACTED] when they fell to the ground. He held one of [REDACTED] [REDACTED] did not physically resist being [REDACTED] He was detained quickly. I asked if [REDACTED] possessed any surprising or "super human" strength when Ofc. Becerra grabbed a hold of him. He said he did not know what HAUSCARRIAGUE felt but he did not feel any resistance or surprising strength from [REDACTED]

I then went into the interview Ofc. Becerra conducted on scene. He said he would not remember any details of the interviews without reading his report. He read the copy of the report he brought with him. He said he usually takes notes when he conducts interviews and he shreds his notes after he writes his report. He does not have an audio recorder because his department does not issue them to officers. I asked he believes use of recorders is valuable or if it has a use in law enforcement. He said it did. I asked him why he had not purchased his own and he replied he just did not want to spend the money and he figured if his department wanted him to have one, they would buy it for him.

All of the interviews he conducted were each just a few minutes long. He said he wanted to get interviews in before staff left the scene. I asked if there was a reason why he did not do detailed interviews. He replied, "No." I asked him if he did any follow up interviews of his witnesses and he said he did not. I asked if anyone else did follow up interviews and he said he did not know. He said if he had anything else to add to his investigation he would have written a supplemental report and attached it to the report.

He remembered interviewing PT [REDACTED] but he did not recall where the interview took place. I told him PT [REDACTED] reported that police "tackled" [REDACTED] from behind. I asked him if the description of tackling [REDACTED] from behind was an accurate statement. He said that was an inaccurate statement. Ofc. Becerra said it looked like a tackle but HAUSCARRIAGUE was trying to do a takedown. I told him he documented PT [REDACTED] as saying HPO's tackled HAUSCARRIAGUE into the wall. Based on what Ofc. Becerra saw, he said that was not what HPO's were trying to do. I told him he documented RN [REDACTED] as stating HPO's tackled [REDACTED] and collided with the wall. I asked him if her statement was accurate and he shook his head and said, "No." I asked him if there was a reason he did not clarify the inaccuracies of the statements regarding the use of force against [REDACTED]. He replied, "No." I asked him if that was how he was trained and he replied, "No." I asked him how we trained then and he said, "Do a thorough interview." I asked him if there was a reason he did not do a thorough interview. He was obviously uncomfortable. He let out a small sigh and said, "No." I asked if he had opportunities to do follow up interviews and he said he did. He said there were no reasons as to why he did not conduct any additional follow up. He did not check in with Detectives to see if any additional interviews of his witnesses were conducted. He said he had no reason for not looking into whether or not any follow up was done.

I asked him if there was a reason HPO's did not interview any patients. He replied, "No." I asked if they interviewed patients in the past for investigations and he replied, "Yes." He said they are usually primary witnesses during HPO investigations. I asked him why they were not interviewed and he said they were not out on the courtyard. I told him there were numerous patients in the courtyard because it was picture day. He said he did not recall any patients being there.

I asked if he would be surprised if staff witnesses that I interviewed told me that the incident did not occur the way Ofc. Becerra documented it. He said he would be surprised because he wrote down exactly what staff told him. He would have written down anything they told him that was contradictory to what he witnessed. Ofc. Becerra said staff was lying if they said they did not say things that he quoted them as saying.

I asked Ofc. Becerra when he last read the report. He said he last read the report before our interview. I asked whose reports he read. He said he read Ofc. Donaldson's report. I asked why he only read that report. He paused and looked around a bit. I told him they were the only two officers that had a similar story that was inconsistent with everyone else's story. I told him I

found it odd that he would only read Ofc. Donaldson's report prior to preparing for his interview with me. I told him Det. Tweedy and Ofc. Truong wrote a different version of what occurred. He said they had different perspectives. I told him they were trained observers, similarly trained and had similar experience and they all witnessed the same event. I said some differences could be expected but there were distinct differences in the officers' reports. He asked what the differences were. I told him a quick read of the report made it obvious that there were inaccuracies.

I told him most witnesses, in summary, said HAUSCARRIAGUE ran into the courtyard and tackled [REDACTED] did not have time to struggle with the officer as Ofc. Becerra described to me. I told him if [REDACTED] had his hands free that he likely would have used them to keep his face from being crushed against the cement wall. I told him staff were near the incident and Ofc. Truong documented that staff were all around the patient when HPO's arrived. He stated again he did not remember staff near [REDACTED]. I told him staff and patients were nearby and staff reported they were trying to talk with [REDACTED] when HPO's arrived.

Inv. Jones asked how Ofc. Becerra was trained to respond to alarms. He said HPO's are supposed to look around and find out what happened. They are supposed to assess the situation by looking around and asking questions. He again said he did not ask any questions because he did not remember staff being available. I asked if Ofc. Becerra had tunnel vision during the incident. He said it was possible but he did not remember.

Ofc. Becerra said he was never trained in use of force or TSI to grab a patient by the waist and throw him down to the ground. He said he had not been trained to do that. Inv. Jones asked why it was necessary to use physical force against [REDACTED] even though he was walking away. He said the last time he assaulted HPO's, [REDACTED] back was to the officers. Ofc. Becerra was adamant that [REDACTED] posed a risk to their safety as he was walking from them.

Inv. Jones asked Ofc. Becerra about his interview with PT [REDACTED] and PT [REDACTED] reference to [REDACTED] history with improvised weapons. Ofc. Becerra reviewed his report again and said he did not use quotations in that part of the statement so he did not believe those were PT [REDACTED] exact words. Inv. Jones asked if PT [REDACTED] even used the words "improvised weapon." He said he did not remember the exact quotes. He then added, if he remembered correctly, PT [REDACTED] said [REDACTED] had broken an antenna in two pieces and held them in his hands. When asked why that was not documented, he replied that was why he wrote that PT [REDACTED] said he had a history of "improvised weapons." I told him we talked with PT [REDACTED]. Inv. Jones told him that PT [REDACTED] said he never said that and PT [REDACTED] laughed when we told him that. Ofc. Becerra just remained quiet for a long pause and then replied nervously, "He told us he had a weapon."

I asked if he was familiar with [REDACTED] criminal charges. He said he believed he was charged for 69 PC, 243(d) PC, 243(c) PC and 422 PC. He said he was trying to charge [REDACTED] with everything he could because an officer was injured. We asked if he completed his report the same day of the incident. He said he did but he did not recall if he was told to make any changes to his report. We asked if he was told to add anything or take anything out of his report. He said he did not remember. I asked if he had his original rough draft of the report he wrote and he said he did not. He said he was not directed to put anything in the report that did not happen. He said he had no issues with the fact that HAUSCARRIAGUE's father was the Chief of Police. He said it did not alter how he wrote his report. He said there is no direct or implied expectation for HPO's to cover up for HAUSCARRIAGUE.

I asked him if he usually takes shortcuts on other investigations like he did during this investigation. He said he usually does not. I asked why he did on this case. He said he did enough for his preliminary investigation. I said that is great as long as follow up is conducted. I told him he was in a position to collect important information from witnesses while it was fresh in their minds. I told him he also did not have witnesses elaborate when they provided him with information that was in conflict with what he observed. I told him that HPO's took time to document what happened before and after the use of force but the actual use of force was poorly documented. I asked him what he thinks will happen if he is called to testify in [REDACTED] criminal case. He said he did not know because he never testified in a trial.

Ofc. Becerra was asked by Inv. Jones if HPO's discussed that they thought the incident could have been handled differently. He said no one brought anything up when they debriefed the incident that day. I asked Ofc. Becerra if he was the first HPO through the gate the day of the incident, would he be the suspect in this investigation. He replied, "Yes." He would have done the same thing and he believed the contact with [REDACTED] was appropriate and HAUSCARRIAGUE did not intend for [REDACTED] to hit the wall. I told him he had no way of knowing HAUSCARRIAGUE's intent. He replied that he had never witnessed HAUSCARRIAGUE "tackle someone" before.

INTERVIEW OF HOSPITAL POLICE OFFICER STUART DONALDSON

The following summary was completed by Inv. Jones:

On September 5, 2017, at approximately 1540 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of Stuart Donaldson at Napa State Hospital. The following is a summary of the information provided during the interview.

Donaldson stated he has worked for the Napa State Hospital Police Department as an officer since February 2014, with no prior law enforcement experience. Donaldson stated he is currently assigned to third watch bike patrol, which is the same shift he was working on March 23, 2017.

Donaldson stated when officers use force they are required to not only generate an incident report, they are also required to generate a use of force information report, which is generated under a separate report number.

Donaldson was asked if he had any prior history with patient [REDACTED] prior to March 23, 2017. Donaldson stated, "Yes sir." Donaldson was asked to elaborate on his contact with patient [REDACTED]. Donaldson stated, "Prior to this incident I witnessed him head-butt during a wall containment, another officer. He tends to be...during, prior to this incident we received numerous calls from the unit to assist with him being loud, him being..." Donaldson was asked if this was for alarms or would staff just call for assistance. Donaldson stated, "They (staff) will just call you, we need help with him. Different times where we walked through the unit we have had to talk to him. The staff has...(inaudible)...to talk to him, that he is getting agitated, he is not responding to staff, instructions whether it be to move rooms or medications taken it when they needed him to take it. Things of that nature. Normal incidents, but they seem to start happening more frequently with him."

Donaldson was asked if normal, was normal for [REDACTED] or normal for patients in general. Donaldson stated, "Normal for patients. For staff to require us to be there because they feel unsafe."

Donaldson was asked how many times he interacted with [REDACTED] prior to March 23, 2017, besides the head-butting incident. Donaldson stated, "Just times he was yelling..." Donaldson was asked again how many times. Donaldson stated, "I don't know....I can't put an exact number, we were going pretty frequently. On third watch we have a high volume of calls."

Donaldson was asked in the interactions with [REDACTED] how many times did it result in officers using TSI (Technical Strategic Intervention). Donaldson stated, "I don't recall an exact number, or an estimate." Donaldson was asked if any of them resulted in TSI. Donaldson stated, "Some did." Donaldson stated he believed there would be police log entries regarding the use of TSI.

Donaldson was asked how many times does he know of, that officers used police officer force on [REDACTED] prior to March 23, 2017. Donaldson stated, "I can only remember the time where the officer was head-butted. There were times we held him to search him and things of that nature when he [REDACTED]. Donaldson was asked if [REDACTED] was compliant during the times he was placed into restraints. Donaldson stated, "Verbally no, sometimes he would resist, but it wouldn't require a police interaction it was a two hand TSI type containment. He would try and resist that. We just had enough officers available to control."

Investigators explained to Donaldson that they have found by talking with individuals that [REDACTED] does quite frequently verbally assault people, but [REDACTED] commonly follows verbal commands when he is being verbally aggressive. Donaldson was asked if that is his knowledge also of [REDACTED]. Donaldson stated, "For the most part, prior...leading up to this incident we've been able to talk to him, he's been compliant...he's been able to listen to us, and we could see it in his actions that he was listening."

Donaldson was asked if he is aware of any incidents prior to March 23, 2017 where [REDACTED] made threats toward officers. Donaldson stated, "Yes." Donaldson was asked to explain. Donaldson stated, "I believe it was a day or two prior. He threatened to kill officers, which was the first time I have heard him say that. He said he wanted to go back to court or go back to jail and he was willing to do anything in that nature to go to jail and he was willing to assault us." Donaldson was asked how that information was conveyed to him. Donaldson stated, "By him [REDACTED] I was there." Donaldson was asked what he remembers [REDACTED] saying. Donaldson stated, "That he was going to blow up the police department with hand grenades, that he was...I believe he said he was trained in martial arts, and he is a martial arts instructor, that he could kill us with his bare hands anytime he wanted to. Just things of that nature. That was the first time I had heard him say things like that." Donaldson was asked what he thought about what [REDACTED] was saying at the time. Donaldson stated, "At the time I just took it as part of the job. We had him in the seclusion room where we wanted him, and it was leave him alone and we will walk away. We left it at that for that time." Donaldson was asked if he was scared. Donaldson stated, "At that time no." Donaldson was asked why he was not scared. Donaldson stated, "He was in a controlled room, where we were outside the room. We had numerous officers, and numerous staff there. At that time I didn't feel a threat from him, he was angry, but you could tell he was still in control of what he was saying." Donaldson was asked if he was in sustained fear for his life because he could have ran into [REDACTED] 30 minutes to two hours later. Donaldson stated, "At that time no."

Donaldson was asked if he knew if anyone generated a report regarding the threats. Donaldson stated, "I do not know." Donaldson was asked if that was something where a report should have been written if someone felt threatened. Donaldson stated, "Now yes." Donaldson was asked to explain what he means by 'now'. Donaldson stated, "The policies have kind of changed

on how we document things. We do notice, we do need to document more things. I personally document better."

Donaldson was asked if Penal Code 422 (Terrorist Threats) or 69 (Resisting an Executive Officer) was appropriate at that time to arrest [REDACTED]. Donaldson stated, "No sir."

Donaldson was asked if he attended a briefing on March 23, 2017. Donaldson stated, "Yes." Donaldson was asked if [REDACTED] was discussed during the briefing. Donaldson stated, "I can't recall off the top of my head."

Donaldson was asked if he was wearing all his gear on March 23, 2017 when he went in service. Donaldson stated, "Yes sir." Donaldson was asked what communication gear he carries. Donaldson stated, "I carry a radio." Donaldson was asked what 'force options' does he carry. Donaldson stated, "I have handcuffs, baton, pepper spray." Donaldson stated he does have a PDAS (Alarm) and stated he was wearing his PDAS on March 23, 2017, and believes the PDAS was charged.

Donaldson was asked how he found out about the alarm on March 23, 2017. Donaldson stated, "We were inside of 'Gus' (sub-station), our PDAS in there notified us pretty fast, we were right close, we could hear the alarm go off from where we were at, and we got our radio notification."

Donaldson was asked who went with him to the alarm. Donaldson stated, (referring to report) "I don't believe I have everybody in my report. Myself, Officer Mike HAUSCARRIAGUE, Jose Becerra, Ross Tweedy are the ones I know who were there for sure." Donaldson was asked if he believes Truong was there. Donaldson stated, "I believe he was there, but I don't remember specifically." Donaldson stated all the officers mentioned were with him at the Gus O'Farrell sub-station, right next to the unit T-13 courtyard, when the alarm was activated.

Donaldson was asked if he could hear anything that was happening from inside the building. Donaldson stated, "I couldn't hear anything inside the building as far as...I could hear the alarm going off." Donaldson stated when the alarm was activated they ran to the courtyard gate which was approximately 20-30 feet away.

Donaldson was asked if he made any observations while enroute. Donaldson stated, "I could hear the alarm, I could hear, uh, [REDACTED] yelling, by that time I had become very familiar with his voice. He was yelling, I said in my report, he said 'fuck you Filipino mother fuckers.' I could hear him yelling that as I was approaching the gate."

Donaldson was asked what he recalls happening after that, without referring to his report. Donaldson stated, "We ran to the gate. [REDACTED] was standing next to the gate with his back next to the gate. I told [REDACTED] to walk away from the gate, [REDACTED] walked westward. I looked into the courtyard, there was minimal staff, which is very uncommon, that kind of elevated me to...a higher awareness. Usually when we go to calls there are several staff, especially in the courtyard, patients will still be in the courtyard. I didn't notice any other patients in the courtyard. Um, I believe I saw all but one staff in the back exiting, which is highly unusual unless something serious has happened. Officer Tweedy opened the gate and we started to go in to the gate. Let me refer to my report."

Donaldson was told what he needs to say happened is not in the report when he reads it. Donaldson stated, "This is what I remember. It's been six months almost. I remember [REDACTED] not appearing like he normally was on the unit when he was angry. He seemed elevated, a little

more angry. I remember his fists being clinched. He was walking as if he was ready to fight, walking back and forth. Um, ah HAUSCARRIAGUE asked him to stop, he ah, I believed he yelled something, I believe something to the affect I am going to kill you officers, or I am going to kill you fucking officers if you come closer, or something to that affect. He said 'I am going to kill you officers.' Then Officer HAUSCARRIAGUE, he [REDACTED] turned his back, and Officer HAUSCARRIAGUE approached him and tried to take him to the ground to his left. [REDACTED] pushed off the, off HAUSCARRIAGUE and they both hit the wall. I didn't..I saw Officer..."

Donaldson was asked if he actually saw that. Donaldson stated, "Yes, I was standing at the gate locking the gate." Donaldson stated he was the last one through the gate and he locked the gate. Donaldson stated he saw HAUSCARRIAGUE's head hit the wall and violently snap back. Donaldson stated he thought HAUSCARRIAGUE was hurt, and he did not realize [REDACTED] head had hit the wall. Donaldson stated he locked the gate then ran over to assist in [REDACTED] [REDACTED] and that is when he realized [REDACTED] was injured. Donaldson stated they called for the Fire Department and their Sergeants.

It was explained to Donaldson that he stated earlier there was no staff on the courtyard, and the one he did see was leaving the building. Donaldson stated, "There was one off to the side well away from...The majority of the staff were...I am assuming you have been to T-13, they were all by the door exiting going to the unit...I didn't see any patients, I don't recall seeing any patients."

Donaldson was asked if he saw anything in [REDACTED] hands when he was pacing back and forth in front of the gate. Donaldson stated, "I don't recall seeing anything in his hands." Donaldson was asked if he did see anything in his hands would he remember that. Donaldson stated, "I would have documented it in my report." Donaldson stated if it was a weapon or not in [REDACTED] hands he would have documented it. Donaldson stated he does not recall [REDACTED] having a Walkman with him or having head phones on, if he did he would have documented it in his report.

Donaldson stated he was the officer who gave the command to [REDACTED] to walk away from the gate. Donaldson was asked if [REDACTED] listened to him. Donaldson stated, "He walked away." Donaldson was asked who opened the gate. Donaldson stated, "I believe it was Tweedy."

Donaldson was asked if the officers communicated with themselves about what they were going to do prior to opening the gate. Donaldson stated, "No, we have a pretty good, we work a lot together so we kind of know what everyone is going to do. We have a pretty good unspoken cooperation." It was asked of Donaldson if he trusted and knew what would happen after the gate was opened was going to happen. Donaldson stated, "As far as the trying to contain him to the ground?...No."

It was explained to Donaldson that he stated [REDACTED] was inside a locked courtyard with no patients or staff around, was [REDACTED] trying to breach (escape) the yard. Donaldson stated, "No." It was explained to [REDACTED] that he stated [REDACTED] had no weapons and was basically just yelling. Donaldson was asked if this is accurate. Donaldson stated, "At that time, yes."

It was explained to Donaldson that with our (investigators) experience as officers it sounds like they had a little bit of time to formulate a plan with his partners. Donaldson stated, "Right." It was explained to Donaldson some different type of options there could be for planning a strategy for entering the courtyard to deal with [REDACTED]. Donaldson was asked if they did any of that. Donaldson stated, "No sir." Donaldson was asked if there was any reason why. Donaldson

stated, "Usually with our experience with [REDACTED] he started listening, like I said before, it was just going to be another...we are going to talk to him, escort him back, everything is going to be fine, so we felt it was safe, he walked away, we felt it was safe to go into the courtyard."

It was explained to Donaldson that he was taking some liberties and speaking for everybody else, using the word 'we' when coming up with this agreement. Donaldson was asked if this is what he expected to happen, because it doesn't sound like they communicated this to each other. Donaldson stated, "We didn't talk going in, but his actions as he walked away, I felt that is how it was going to go, we were just going to talk to him, we were going to calm him down, and we were going to go on about...go about it that way."

Donaldson was asked who was the first through the door (gate) after Tweedy opened it. Donaldson stated, "I believe it was HAUSCARRIAGUE." It was explained to Donaldson that we have heard from basically everyone that HAUSCARRIAGUE ran through the gate. Donaldson was asked if that was true. Donaldson stated, "Right when we opened the gate he [REDACTED] began kicking things." Donaldson was asked again if HAUSCARRIAGUE ran through the gate. Donaldson stated, "The way he, his actions changed due to [REDACTED]...." Again Donaldson was asked when the gate was cracked did HAUSCARRIAGUE run in. Donaldson stated, "(pause) I don't know if he ran right through it, but at one point when I saw him he was." Donaldson was asked if HAUSCARRIAGUE was running through the gate, was he skipping through the gate. Donaldson stated, "I don't recall." It was explained that everyone was saying HAUSCARRIAGUE was running through the gate. Donaldson stated, "I don't think he was full sprint running. I don't recall. I don't recall the speed he was running at." Donaldson was asked if HAUSCARRIAGUE was running or walking. Donaldson stated, "I don't recall. I didn't put that in my report I don't recall." It was explained to Donaldson that at some point he started running. Donaldson stated, "I don't know." It was explained to Donaldson that he had just said at some point he saw him running. Donaldson stated, "He started moving faster than a walk. I can't recall if it was a sprint, but it wasn't a walk."

Donaldson was asked what [REDACTED] was doing when HAUSCARRIAGUE entered the courtyard. Donaldson stated, "As we entered the gate, HAUSCARRIAGUE entered the gate he, ahh, he yelled I am going to kill you officers. He kicked a ball and began 'amping' himself up, you could tell that his jaw became rigid, you could see his hands were clinched, he was taking fighting actions in my opinion." Donaldson stated [REDACTED] became more agitated when the officers entered the courtyard.

It was explained to Donaldson that he told [REDACTED] to walk away from the fence, and he did, which shows he was complying with his orders. Donaldson was asked while [REDACTED] was walking away does HAUSCARRIAGUE give [REDACTED] any orders. Donaldson stated, "I believe he asked him to stop...Yelled for him to stop." Donaldson was asked if anyone else gave [REDACTED] any orders. Donaldson stated, "I didn't hear anyone else, but I believe other officers said they did, but I did not hear them." Donaldson was asked if he heard anyone give [REDACTED] any orders to get down on the ground or prone out. Donaldson stated, "No." Donaldson was asked if anyone talked about the use of a baton or O.C. spray. Donaldson stated, "No sir."

Donaldson was asked to explain what [REDACTED] was doing right at the moment HAUSCARRIAGUE made contact with [REDACTED]. Donaldson stated, "He just kicked several objects. He was showing signs of aggression that I had not seen from him before. He had his back to us, which is what you want. He had his back to us. I saw that as if I was in, first in as a sign, not a sign but position where we had a tactical advantage to initiate a less lethal, without

using a baton, without using pepper spray or being able to take him to the ground and control him there." It was explained to Donaldson that he didn't make this call and he didn't do it. Donaldson stated, "No."

Donaldson was asked how close [REDACTED] was to the wall when HAUSCARRIAGUE made contact. Donaldson stated, "Um, I believe I have that written. I don't recall exactly. Approximately ten to twelve feet."

Donaldson was asked to describe the contact between [REDACTED] and HAUSCARRIAGUE. Donaldson stated, "HAUSCARRIAGUE wrapped his arms around [REDACTED] waist, began to drag him down to the ground, um, [REDACTED] put his hand on, his left hand on Officer HAUSCARRIAGUE's kind of neck, this area (points to area), the shoulder neck area, pushed away and to break free of the takedown. HAUSCARRIAGUE tried to contain him and keep pulling him to the left. They ran into the wall."

Donaldson was asked to describe HAUSCARRIAGUE's build. Donaldson stated, "He is about six foot, six foot one, probably about 215, 220 lbs. at the time." Donaldson stated HAUSCARRIAGUE is in pretty good shape, and about 22 or 23 years old. Donaldson stated HAUSCARRIAGUE played football in high school. Donaldson was asked if HAUSCARRIAGUE tackled or blocked [REDACTED]. Donaldson stated, "It was a controlled takedown."

Donaldson was asked to describe [REDACTED]. Donaldson stated, [REDACTED]

Donaldson stated [REDACTED]

Donaldson was asked if that is ever a consideration when using force on someone. Donaldson stated, "From my experience from doing this job age doesn't matter."

Donaldson was asked if the other officers there were big like him. Donaldson stated, "No." It was explained to Donaldson that there was approximately 30 feet tall of officers and over a thousand pounds, and a [REDACTED]

Donaldson was asked to describe the controlled takedown. Donaldson stated, "Just like I said it was around the, he grabbed around the waist to try and pull him down to the left to get a ground containment." Donaldson was asked to explain why nobody else is saying that is what happened. Donaldson stated, "I can't speak for them." Donaldson was asked if that made sense to him. Donaldson stated, "No." It was explained to Donaldson that doctors, nurses, and other officers said flat out that it didn't happen that way. Donaldson stated, "That's what I saw." Donaldson was asked to explain how he could see something that is very different than what everybody else saw. Donaldson stated, "Maybe they don't remember as well as I do." It is explained to Donaldson that he doesn't remember anything; he has to keep looking at his report.

It was explained to Donaldson the physics of it don't make sense. The size, the angles, the proximity to the wall, it is extremely unlikely what he described happening is accurate. Donaldson was asked to help explain how his version of events is even possible. Donaldson stated, "Just like I said he tried to pull him to the left and he pushed away."

Donaldson was asked if [REDACTED] made any attempts to turn around prior to the contact with HAUSCARRIAGUE. Donaldson stated, "No." Donaldson was asked if it was after the contact that [REDACTED] turned around. Donaldson stated, "He grabbed the waist, tried to pull to his left, they were both facing the same way, he put his hand on, the left hand." Donaldson was asked what side of [REDACTED] was HAUSCARRIAGUE's head on. Donaldson stated, "The left side." Donaldson stated HAUSCARRIAGUE's head was below [REDACTED] arm, so [REDACTED] had both

hands free. HAUSCARRIAGUE put both hands around [REDACTED] and [REDACTED] put his hand on HAUSCARRIAGUE's head and neck area. Donaldson described [REDACTED] action like a "Heisman trophy move" straight arming HAUSCARRIAGUE, trying to break free from the control accelerating them toward the wall. Donaldson was asked if [REDACTED] broke free from the hold. Donaldson stated, "He did not break free completely." Donaldson was asked if HAUSCARRIAGUE was dragged by [REDACTED]. Donaldson stated, "HAUSCARRIAGUE was stumbling trying to keep the, keep control of him. [REDACTED] was running and pushing away at the same time to break free. Then they collided with the wall."

It was explained to Donaldson that was he is saying does not make any sense from a physics stand point and to please make sense of it. Donaldson stated, "I don't see why you don't see that it is possible."

It was explained to Donaldson that in his explanation of events he described [REDACTED] arms as being free, but in his report he said [REDACTED] left arm was pinned. Donaldson stated, "I may have misspoke." It was explained to Donaldson that he said earlier that he had a better memory than the doctors and nurses, and to explain. Donaldson stated, "Am I becoming a suspect at this time? I am feeling that I need my union representation here. I feel like I need to give them another call. I don't feel comfortable with the way this is going." Donaldson was asked if he wanted to step out for a moment and he agreed.

Break in interview (42:31 time of recording)

Interview resumed (42:37 time of recording)

Donaldson was asked during the two-minute break was anything regarding the case discussed. Donaldson stated, "No."

It was explained to Donaldson that he has the right to a representative and to seek advice. It was explained to Donaldson this is his chance to come clean and talk to us. Donaldson stated, "I have told you what I remember and basically what I am getting back is I am a liar." It was explained to Donaldson he has a right to step out and seek advice. Donaldson stated, "We can keep going, I just, I am here to help you and here to help everybody. I can only tell you what I saw."

It was explained to Donaldson that he has the right to step out and he doesn't have to answer questions if he doesn't want to. Donaldson acknowledged in the affirmative.

Donaldson was asked when HAUSCARRIAGUE put his arms around [REDACTED] was he running at the time, or did HAUSCARRIAGUE stop then wrap his arms around [REDACTED]. Donaldson stated, "He did not stop." Donaldson was asked if HAUSCARRIAGUE was moving the whole time. Donaldson stated, "uh-huh (affirmative)." Donaldson was asked if HAUSCARRIAGUE was running at full speed or half speed. Donaldson stated, "I don't recall if it was full speed or half speed, but I know he wasn't walking."

It was explained to Donaldson that HAUSCARRIAGUE had momentum with him plus [REDACTED] was walking away, and he is saying [REDACTED] could stop himself and turn and put his arm on HAUSCARRIAGUE's shoulder. Donaldson acknowledged in the affirmative. It was explained to Donaldson that this is what we are having trouble understanding how a 220 plus officer wearing gear hits somebody with force, and this [REDACTED] guy is able to resist that force. Donaldson stated, "It wasn't like a tackle as it is being referred to, it wasn't he ran and put his shoulder into

the small of his back and tried to pick him up and drive him into the ground." It was told to Donaldson every other officer describes it as a tackle. Donaldson stated he can not speak for them, what he saw was HAUSCARRIAGUE came from the side and he was trying to take him to the ground, but not with a tackle.

Donaldson was asked when [REDACTED] head hit the wall, [REDACTED] was at the same time dragging HAUSCARRIAGUE to where HAUSCARRIAGUE's knees and feet are being dragged. Donaldson stated, "From where I was standing it appeared to me that Officer HAUSCARRIAGUE hit the wall harder than [REDACTED] I saw HAUSCARRIAGUE's head hit and his neck snap back."

Donaldson was asked if he knows the kind of injuries [REDACTED] suffered. Donaldson stated, "I do." Donaldson was asked if he thought HAUSCARRIAGUE hit the wall harder than [REDACTED]. Donaldson stated, "I don't know, I am saying from what I saw at that time, that's what it looked like to me." Donaldson was asked if he was the last one through the gate. Donaldson stated, "Yes. I was the farthest standing back."

Donaldson was asked if they have a policy that the person who unlocks the gate is also the one who stays back and locks the gate. Donaldson stated, "Yes. I told Officer Tweedy I would get the gate because I was the last one in line."

Donaldson stated he wrote a rough draft of his report the day of the incident and it was finalized the following day. Donaldson did not know who approved his report. Donaldson stated he was asked to make changes to his original report by the sergeant on duty. Donaldson does not recall what changes were asked to be made, or who the Sergeant was. Donaldson stated he had a lot of spelling mistakes and improper punctuation. Donaldson could not recall any content changes to his report. Donaldson stated he does not have a copy of his original report.

Donaldson stated he did interview staff that were on the courtyard and witnessed the event. Donaldson stated he did not audio record the interviews, but he did take notes. Donaldson stated he no longer has the notes. Donaldson was asked if everything he put in the statements of witnesses was accurate. Donaldson stated, "Yes sir." Donaldson stated the interviews took a few minutes, maybe five minutes.

It was explained to Donaldson that he stated earlier that when the officers came through the gate, what occurred was not what he thought would occur. Donaldson was asked what he thought would occur. Donaldson stated, "Um, anytime we go to a situation I always have a positive outcome, where nothing physical happens, no one gets hurt, we are able to talk to somebody, bring them down." Donaldson was asked if it was fair to say he thought they would talk to [REDACTED] in an attempt to deescalate him. Donaldson stated, "Yes sir." Donaldson was asked if that is the way he would have handled the situation. Donaldson stated, "Yes sir." Donaldson was asked if he believes that was the belief of all the other officers there except HAUSCARRIAGUE. Donaldson stated, "Yes sir, and I believe that was HAUSCARRIAGUE's belief." It was explained to Donaldson that HAUSCARRIAGUE didn't do that. Donaldson stated, "Once [REDACTED] began kicking the ball, kicking chairs and becoming agitated."

Donaldson was asked if [REDACTED] was assaulting anyone in particular. Donaldson stated, "No." Donaldson was asked what crime [REDACTED] was committing. Donaldson stated, "Nothing." Donaldson was asked why did [REDACTED] have to be physically restrained at that time if he was not committing a crime or assaulting anyone. Donaldson stated, "For the safety of himself and

others." Donaldson was asked if [REDACTED] was trying to hurt himself. Donaldson stated, "He threatened to hurt us." Donaldson was asked if he really thought [REDACTED] could hurt them. Donaldson stated, "I thought he would have tried to, yes."

It was explained to Donaldson that when he came through the gate, he thought they were going to deescalate [REDACTED] and the only thing [REDACTED] did different was [REDACTED] kicked a ball and chair, and this made him think this [REDACTED] man was going to hurt them. Donaldson stated, "I believe he would have hurt anybody who came near him, yes, or tried to hurt somebody, yes."

Donaldson was asked if knows what [REDACTED] was arrested for. Donaldson stated, "I do not." Donaldson was asked if he believes [REDACTED] should have been arrested. Donaldson stated, "I believe he got charged with resisting, and some other charges." Donaldson was asked if he believes the charges are appropriate. Donaldson stated, "I believe if he [REDACTED] wouldn't have acted that way Officer HAUSCARRIAGUE would not have gotten hurt. So, I agree."

Donaldson was asked if he believes it was [REDACTED] actions that caused those injuries to him. Donaldson stated, "If we weren't there for him the incident would never have happened."

It was explained to Donaldson that he stated there was no staff or patients around, [REDACTED] did not have any weapons and they (officers) were on the other side of a locked fence, and their presence alone was agitating [REDACTED]. Donaldson was asked if this is correct. Donaldson stated, "He was already upset." It was explained to Donaldson that he said their presence made [REDACTED] more agitated. Donaldson stated, "But it's our job to help...". Donaldson was told he might want to re-evaluate what he thinks his job is and how they handle these types of situations.

It was explained to Donaldson that officers cannot create their own exigent circumstances, and an example was given. It was explained to Donaldson that [REDACTED] was not committing a crime, was not trying to escape, and was not harming himself or anyone else. Donaldson was asked what gave an officer the right to touch [REDACTED]. Donaldson stated, "At that time he was showing signs of aggression and threatening toward us." It was explained to Donaldson that [REDACTED] was walking away from officers.

Donaldson was asked where he was trained to conduct a takedown by wrapping your arms around a subject's waist and take them to the ground. Donaldson stated, "None, I haven't." Donaldson was asked if he believes Officer HAUSCARRIAGUE has been trained in a takedown like that. Donaldson stated, "I can't speak on his training, I don't know."

It was explained to Donaldson that his words were a 'controlled takedown'. Donaldson was asked if he was trained to tackle somebody. Donaldson stated, "No." Donaldson was asked if he was trained to wrap his arms around a person's waist and throw them down to the ground. Donaldson stated, "No."

Donaldson stated he saw an opportunity to handle the situation as fast as possible. Donaldson was asked what the rush was. Donaldson stated, "We were in a courtyard, we didn't know if there was branches or weapons involved."

Donaldson was asked if they even talked to the staff to find out why the alarm was pulled. Donaldson stated, "No, there was no staff right, in that proximity." It was explained to Donaldson that they didn't know if [REDACTED] was refusing to come inside, refusing to take medication, they didn't know if he had been the victim of an assault and that was why he was so pissed off. They

had no idea what was occurring because they didn't talk to anyone when they arrived, they just rushed in, or HAUSCARRIAGUE rushed in. Donaldson stated, "Based on his behavior, [REDACTED] behavior, the threats that were being made, the threats to us."

Donaldson was asked if he knows an officer can be charged with a crime for falsifying a report. Donaldson stated, "Yes." Donaldson stated he did not falsify anything in his report.

Donaldson stated he did not see [REDACTED] head hit the wall, obviously he did, because of the injury, but he did not see it.

Donaldson was asked when he generated his report did he write it to justify and protect your partner. Donaldson stated, "No, no, no, I believe we didn't do anything wrong, or that he didn't do anything wrong."

It was explained to Donaldson that he said it was not the way he would have handled the situation, but he believes HAUSCARRIAGUE didn't do anything wrong. Donaldson was asked if this was an accurate statement. Donaldson stated, "No, I believe at that time I would have tried to do a takedown."

INTERVIEW OF HOSPITAL POLICE OFFICER VUONG TRUONG

The following summary was completed by Inv. Jones:

On September 5, 2017, at approximately 1353 hours, Investigator Davis, assisted by Investigator Jones, conducted a digitally recorded interview of Vuong Truong at Napa State Hospital. The following is a summary of the information provided during the interview.

Truong stated he was hired as a Hospital Police Officer (HPO) January 2016, and was a Psychiatric Technician prior at Napa State Hospital. Truong stated he has no prior law enforcement experience.

Truong stated he worked March 23, 2017 on third watch from 1400-2200 hours.

Truong stated he has read some of the other officer's reports regarding the incident and stated he read Officer Becerra's report about a week ago. Truong was asked if he noticed any discrepancies in the report. Truong stated, "Yes, the big one that stands out is...when Becerra described Officer HAUSCARRIAGUE making contact with patient [REDACTED] he described [REDACTED] as having his back turned towards...back turned away from Officer HAUSCARRIAGUE, but I remember seeing [REDACTED] face so he was facing Officer HAUSCARRIAGUE when he made contact, that was the biggest thing, but that's what I saw."

Truong was asked if he just saw the whole face or was the whole body turned. Truong stated, "The whole body." It was explained to Truong that it was not only in contrast to what Becerra said but is also in contrast to what every other officer has said, including staff members and patients who were interviewed. Truong stated, "This is just what I remember seeing."

Truong was asked to explain why his account of what occurred is so different. Truong stated, "My positioning in the courtyard...every officer..." Truong was asked if his positioning was better than anyone else's. Truong stated, "Not really. Officer Becerra was ahead of me, in front of him was Officer HAUSCARRIAGUE. I was the third person through that courtyard." Truong was asked if both Becerra and HAUSCARRIAGUE who were in front of him, didn't say that happened, why is he saying it happened. Truong stated, "I am not sure. The scene was very chaotic. So,

that's just what I remember, therefore I put it in my report and I didn't want to change it because that is what I saw."

Truong was asked if he remembers any other differences in their reports. Truong stated, "I don't remember."

Truong was asked how he knows patient [REDACTED]. Truong stated, "I don't, up until that incident I never had any contact with him." Truong was asked if he is referring to physical contact. Truong stated, "Any contact, I've never heard of him in briefing, or I never heard his name, didn't know who he was, any incidents involving him or anything like that, it was a brand new name to me."

Truong stated he did not work on March 21, 2017, as it would have been a Tuesday, and his day off.

Truong stated he does not recall seeing patient [REDACTED] on any of the facility units prior to March 23, 2017.

Truong was asked if he attended a briefing on March 23, 2017. Truong stated, "Yes, I did." Truong was asked if they discussed anything about [REDACTED] during that briefing. Truong stated, "No." Truong was asked if he had any prior knowledge of [REDACTED] making threats toward officers, staff, or patients prior to the incident. Truong stated, "Not prior to the incident."

Truong was asked to explain how his day went on March 23, 2017, starting with briefing. Truong stated, "I was in full uniform in briefing, after that I did vehicle inspections and went inside to our sub-station, Gus O'Farrell." Truong stated he was wearing a black uniform because he is bike patrol, and was wearing all his required gear. Truong was asked to list his less than lethal force options he carries on his person. Truong stated, "Less lethal force options...uh...our highest force option would be our baton, our less lethal would be things like flashlights, O.C., uh, that's basically it." Truong was asked if baton is a higher level of force than O.C. Truong stated, "Yes."

Truong was asked what type of communication devices they carry. Truong stated, "When we go 10-8 (in service) we have our radio, we have our PDAS (alarm), we have...uh...personal cell phones if we do have them on us." Truong stated he did have his radio and PDAS with him and stated his PDAS was charged.

Truong was asked to explain what happened on March 23, 2017. Truong stated, "So, we went to the Gus O'Farrell, and at approximately 1445 hours or so, shortly after briefing I heard a PDAS go off and we all saw on the display board the T-13 courtyard, so we stepped outside and we immediately heard yelling from the courtyard. So, it was Officer Tweedy, Officer Donaldson, Officer Becerra, Officer HAUSCARRIAGUE, and myself. We ran towards that courtyard and saw a patient later identified as Mr. [REDACTED]. He had his back up against the chain link fence of the entry gate. Officer Donaldson told him to step away, [REDACTED] started walking away, I think he had his fists clenched when he was walking away. Officer Tweedy opened the gate. Officer HAUSCARRIAGUE told him to stop, and [REDACTED] he kicked the basketball that was laying on the ground and turned around toward Officer HAUSCARRIAGUE threatening him, and HAUSCARRIAGUE went in and tried to...This is when I saw [REDACTED] face, like his whole body was turned toward Officer HAUSCARRIAGUE, he is still threatening, I don't remember what the threats were, but throughout the whole ordeal [REDACTED] was saying, 'Fuck you mother fucker I am going to kill you, I am going to kill you', things like that. That's all I remember for that. Officer HAUSCARRIAGUE initiated a takedown grabbing him around his waist, and [REDACTED] kind of

pushed off a little bit and they both just stumbled. This thing happened in like a fraction of a second. They both start stumbling and they fell into, or slammed against the west wall of the courtyard. Once he was down Officer HAUSCARRIAGUE was holding him down. Officer Becerra came in and held his other arm behind his back.

[REDACTED] After that Officer HAUSCARRIAGUE stood up and me and Becerra we assisted him to a seated positon against the courtyard, [REDACTED] Still threatening. Then I don't remember who called for a Sergeant to come on scene and Med 23 which is our medical unit at our Fire Department to arrive, to come on scene, but they eventually came on scene and I assisted [REDACTED] to a bench, and a Sergeant came on scene. I ran back to Gus O'Farrell our sub-station to retrieve a camera to document his injuries."

Truong stated all the officers exited the sub-station together and ran over to the courtyard. Truong stated he could not remember what [REDACTED] was saying when he first arrived.

Truong was asked to tell us what observations he saw of the courtyard when he first arrived at the gate before it was opened. Truong stated, "I saw a large group of staff members just surrounding him, approximately 20 feet away, maybe more than that. They looked like they were pretty distant. Ah, maybe, probably saw a couple patients, but...I just saw all these staff members surrounding him trying to talk to him, and he was just very loud, cursing and angry." Truong was asked how many staff. Truong stated, "I think it was about 10, from what I recall." Truong was asked how the staff was surrounding [REDACTED] Truong stated, "They were at an arch surrounding him, I don't recall any staff members being very close to him at all. Very close I would describe as being approximately 15 feet away, 10 feet away. There was no staff members anywhere near by the..."

Truong was asked if [REDACTED] was isolated to a corner. Truong stated, "Yes, they had him isolated to the west wall and the north wall." Truong was asked if any patients were within the semi-circle. Truong stated, "I don't remember."

Truong was asked if he remembers what the staff was saying to [REDACTED] Truong stated, "I don't remember what they were saying specifically." Truong was asked if he remembers what [REDACTED] was saying to the staff. Truong stated, "I am going to kill you all, one by fucking one. Just profane words and that's about it."

Truong was asked if [REDACTED] was focused on staff or the officers when they arrived. Truong stated, "When we showed up he was focused on us." Truong was asked when [REDACTED] was using profanities was he saying them at staff or officers. Truong stated, "He was saying it at us, because Donaldson had told him to walk away from the gate."

Truong was asked where exactly was [REDACTED] standing when they arrived. Truong stated, "His back was against the chain link fence." Truong was asked what [REDACTED] hands were doing at that time. Truong stated, "His hands were clenched by his side." Truong was asked at this time was he focused on the officers or the staff. Truong stated, "During that time he was focused on the staff, before we made contact with him."

Truong was asked if [REDACTED] had anything in his hands at that time. Truong stated, "I couldn't recall, I just saw his fists clenched." Truong was asked if did have something in his hands would he recall that. Truong stated, "Yes." Truong was asked if he would have written it in his report

if he did have something in his hands. Truong stated, "Yes." Truong was asked again if [REDACTED] had something in his hands. Truong stated, "No."

Tuong was asked if Donaldson was the only person who gave [REDACTED] an order before the gate was opened. Truong stated, "No, uh...yes he was." Truong was asked if he recalls exactly what Donaldson said. Truong stated, "Step away from the gate." Truong was asked if at that point was [REDACTED] still leaning on the gate. Truong stated, "Yes he was." Truong was asked what [REDACTED] did. Truong stated, "He turned around and faced us, and said 'Fuck you mother fuckers.'" Truong stated [REDACTED] then began walking away with his fists clenched by his side, he seemed very rigid, and walked in a south west direction from the gate toward the west wall.

Tuong was asked if knows if [REDACTED] heard the command to walk away, did he acknowledge them in anyway besides cursing at them. Truong stated, "Other than that no." Truong was asked if he saw anything on [REDACTED] head like ear or headphones. Truong stated, "I recall headphones on his head." Truong was asked if he recalls anything in [REDACTED] hands. Truong stated, "After the incident there was a radio that was on the ground, so I...that could have been in his hands." Truong described the headphones as flat over the ear type headphones that have a single band that goes over the head.

Tuong was asked if there is anything that makes him believe [REDACTED] heard the command to walk away or did [REDACTED] walk away because officers were by the gate. Truong stated, "No." Truong stated it is possible [REDACTED] walked away from the gate to get away from the officers and not because he heard the command to walk away.

Tuong was asked if the officers communicated with each other when at the gate, prior to entering the courtyard. Truong stated, "We did not." Truong was asked if officers talked to the surrounding staff before opening the gate. Truong stated, "No." Truong was asked if that was normal. Truong stated, "No, that is not normal actually" Truong was asked why it was not normal. Truong stated, "For a situation like this we want to figure out what...usually we want to find out what is going on with this patient first. Talk to the staff and see what's going on, see if he has a weapon or not, see what are the dangers, any concerns, but usually when we go hands on we want to talk to the staff first about anything."

Tuong was asked prior to the gate opening is he aware of any crimes [REDACTED] committed. Truong stated, "No." Truong was asked if he was not aware of the crimes or he believed [REDACTED] had not committed any crimes. Truong stated, "I am not aware of them." Truong was asked if [REDACTED] was trying to escape the locked courtyard. Truong stated, "I don't believe so." Truong stated [REDACTED] was causing a scene, but not trying to escape.

Tuong was asked at that time was anyone using any type of physical resistance or TSI on [REDACTED]. Truong stated, "No." Truong was asked if patients were in any danger of being harmed by [REDACTED]. Truong stated, "They could have been." Truong was asked if [REDACTED] was focused on any patients when the officers were there. Truong stated, "No." Truong stated [REDACTED] was not verbalizing any threats of harm toward patients.

Tuong was asked if there was anything going on with [REDACTED] at the time officers were there that lead him to believe a staff member was about to be assaulted. Truong stated, "No."

Tuong was asked who opened the gate. Truong stated, "Officer Tweedy." Truong was asked what [REDACTED] was doing at that moment the gate was opened. Truong stated, "He was still walking away."

Truong was asked who was the first person to break the plane of the doorway when the gate was opened. Truong stated, "Officer HAUSCARRIAGUE." Truong was asked to describe the way HAUSCARRIAGUE entered the courtyard when the gate was opened. Truong stated, "Like he was jogging toward [REDACTED] or in his general direction, after he told him to stop." Truong described [REDACTED] as walking slowly and did not believe [REDACTED] was trying to get away from officers. Truong stated Officer Becerra entered the courtyard second and he was walking. Truong was asked if anyone else was jogging or running toward [REDACTED]. Truong stated, "Not more than a walk."

Truong was asked if there was anything that made him believe Becerra would jog or run toward [REDACTED]. Truong stated, "After Officer HAUSCARRIAGUE did that leisurely jog, it kind of moved things a little quicker and he started running towards [REDACTED]. That's when Becerra looked at him and just started running to, and I followed behind Becerra."

Truong was asked how far away from the gate was [REDACTED] when they first opened the gate. Truong stated, "When we first opened it [REDACTED] was about 15 feet away." Truong was asked how close to the west wall was [REDACTED] when they opened the gate. Truong stated, "It was about 15 feet away from us and the wall was approximately...to [REDACTED] it was about 10 feet."

Truong was asked how long did it take for HAUSCARRIAGUE to reach [REDACTED] once the gate was opened. Truong stated, "About 3 seconds."

Truong stated he was behind Becerra, on the left side of Becerra, and HAUSCARRIAGUE was in front of Becerra, and directly in front of him (Truong). Truong was asked if [REDACTED] was right in front of HAUSCARRIAGUE or was he to the left or right. Truong stated, "I don't remember." Truong was asked how he could see [REDACTED]. Truong stated, "Well I saw his body, like his shoulders, and his head was kind of just...like at the...the point where HAUSCARRIAGUE made contact with me I saw his chest and his head. That's why I put in my report that I saw [REDACTED] turn towards Officer HAUSCARRIAGUE."

Truong was asked if [REDACTED] turned completely around towards HAUSCARRIAGUE in a 180 degree turn, or did he start to turn, like his torso turned looking back toward HAUSCARRIAGUE. Truong stated, "I didn't really see his feet, but I saw his upper body and his head face Officer HAUSCARRIAGUE. I don't know if he like made a complete turn or just, no completely turned around and saw him." Truong stated his complete vision of [REDACTED] was obscured by HAUSCARRIAGUE. Truong stated he had a complete view of [REDACTED] upper body.

It was pointed out to Truong that the only way he could see [REDACTED] upper body due to height variances was either HAUSCARRIAGUE would have to jump up over [REDACTED] or duck down. Truong stated, "Ducked down lower." Truong was asked to describe what HAUSCARRIAGUE did with his body. Truong stated, "HAUSCARRIAGUE came in and grabbed him by his waist, I think it was like a full on grab, just around his waist." Truong was asked if HAUSCARRIAGUE was standing up tall. Truong stated, "No, he was ducked down. Officer HAUSCARRIAGUE was ducked down." Truong was asked if HAUSCARRIAGUE was ducked down leaning forward like to take him down. Truong stated, "Yeah, he was ducked down leaning forward to take him down. He was going for a takedown. [REDACTED] just started resisting, I think he had his hand and pushed off a little bit on Officer HAUSCARRIAGUE, then they both just lost balance."

Truong was asked if he knows what made HAUSCARRIAGUE change from a jog to a run. Truong stated, "I don't know, I don't know what he saw or..." Truong was asked if [REDACTED] was

still walking away when HAUSCARRIAGUE starts running. Truong states, "Yes." Truong stated the only command given verbally was HAUSCARRIAGUE telling [REDACTED] to stop. Truong was asked when HAUSCARRIAGUE said this. Truong stated, "Before he started running, right when he entered the gate." Truong was asked if there was anything that made him think [REDACTED] heard the command to stop. Truong stated, "No." Truong stated [REDACTED] still had his headphones on.

Truong was asked how far from the wall were they when HAUSCARRIAGUE makes contact. Truong stated, "Once they made the contact, they still were about 10 feet away from the wall." It was explained to Truong the math didn't add up with [REDACTED] still walking away when they opened the gate and he was 10 feet away. Unless [REDACTED] stopped he would have to walk closer to the wall if he was still walking when HAUSCARRIAGUE made contact. Truong stated, "[REDACTED] did stop after he kicked a basketball he stopped." Truong was asked if he saw [REDACTED] stop. Truong stated, "Yes." Truong was asked if he is saying [REDACTED] stopped 10 feet away from the wall. Truong stated, "Yes."

Truong was asked when [REDACTED] stopped was he facing away from the officers or facing them. Truong stated, "Facing the officers." Truong was asked to explain how he saw that happen. Truong stated, "Well after he kicked the basketball, he, like I said he had that slight turn in his upper body, that's when I saw his upper body and face."

It was explained to Truong that it doesn't line up since he said the turn happened at the tackle, and now he is saying he kicked a ball and then turned around. Truong was asked which one is it. Truong stated, "He kicked a ball and he turned around." Truong was asked if he saw [REDACTED] turn around. Truong stated, "Yes." It was explained that he just said he didn't see him turn around. Truong stated, "I did see him turn around."

The investigators told Truong we are confused as to what he is saying. Truong stated, "Well he kicked a ball and he turned around and that's when Officer HAUSCARRIAGUE made that contact." It was pointed out to Truong it was inconsistent with what he just said. It was pointed out to Truong he said earlier he only saw [REDACTED] head and chest area. Truong stated, "I am still recalling the facts, it did happen a while ago, I am still just thinking about it, so"

It was explained to Truong that now is not the time to guess or to let his mind fill in the blanks. He has just told two completely different versions of what happened in a five minute period. Now is not the time to make assumptions or cover for anyone. Now is the time to come clean on what occurred.

Truong was asked what version is correct. Truong stated, "I remember seeing [REDACTED] kick the ball and turn around." Truong was asked if [REDACTED] turned around to the point where his feet and toes are facing officers. Truong stated, "I didn't see his feet." Truong was asked if [REDACTED] belt buckle, pants, or zipper of his fly was facing the officers. Truong stated, "I don't remember." It was pointed out to Truong that he just said a minute ago that he did remember. Truong stated, "Not his lower body....I did not see his lower body"

It was explained to Truong that this point is a very critical part of this and he can not be clear. Truong was asked why this is. Truong stated, "That's just how I recall it." Truong was asked to explain how he sees it two different ways. Truong stated, "I don't remember...I just don't remember what happened." Truong was asked if he is just making stuff up. Truong stated, "I am not."

It was explained to Truong he has two different stories and now the third story is he doesn't remember. Truong was asked which one it was. Truong stated, "Story number two, I remember seeing him kick a basketball and turning around."

Truong was asked if story number three was a lie. Truong stated, "No." Truong was asked if story number one was a lie. Truong stated, "No." Truong was asked if story number two was a lie. Truong stated, "No." Truong was asked if they (stories) were the same or different than each other. Truong stated, "Different." Truong was asked how they all can be the same and the truth. Truong stated, "It's something I vaguely remember." It was pointed out to Truong that now he has a fourth story that he vaguely remembers. Truong was asked which one is it. Truong stated, "I am going to stick with my...I am going to stick with it...with what I wrote in my report. What I wrote in my report is what I saw that day...He kicked a ball he turned around."

Truong was given two visual examples of 'turning toward' someone. The first example the investigator turned his entire body around to face Truong. The second example the investigator turned only his upper body around to look back at Truong. Truong stated, "It would be the first one, that's what I saw."

It was pointed out to Truong that it is in conflict with the other three stories. It was explained to Truong that on the visual demonstration he chose, the first one, the investigators whole body was facing him. The toes of his shoes where facing him, the belt buckle, the zipper, everything was facing him, and a few seconds ago he stated, no, it wasn't that way. Truong stated, "I didn't see anything below his [redacted] waist, his upper body is what I saw."

It was explained to Truong that he is a peace officer and he is giving four different accounts of one event. Truong stated, "No, you're just putting words in my mouth, cause what I have in the report is what I saw."

Truong was asked again what does it mean when it says in his report, 'he turned toward the officers'. Truong stated, "It means his upper body was turned towards Officer HAUSCARRIAGUE....I didn't see his lower extremities, so I would say he turned toward him." Truong was asked if he actually knows if [redacted] was turned and facing HAUSCARRIAGUE or not. Truong stated, "He was facing him." Truong was asked, was [redacted] 'turned' and facing him. Truong stated, "Toward him yes, not facing him directly, well he was facing him, but it was his upper...Well he faced him, that first demonstration that you showed me, I would consider that turning toward and facing someone."

It was explained to Truong that his explanation sounds like only his upper body was turned which was the second visual example we showed him, but now he is saying [redacted] entire body was turned facing HAUSCARRIAGUE. Truong stated, "I was talking about your upper body at that portion when you demonstrated that. So, when you get up and you turn toward someone...(Truong stands up to visually demonstrate)...So, this I would think is turn toward...that's turning toward someone, I did not see what was going on with [redacted] lower extremities. I didn't know if we was doing like a full face or what." (Truong visual demonstration was a turn of the waist to look back).

Truong was asked, so, your saying it was not a full turn around and face. Truong stated, "I don't remember, I mean, I don't know what happened with his lower body, so, if his lower body was faced, I mean if his toes were facing Officer HAUSCARRIAGUE then it's a full face, but I didn't see that." Truong was asked, so, you only saw from the waist up. Truong stated, "Yes."

Truong was asked where Officer HAUSCARRIAGUE's head was when he made contact with [REDACTED]. Truong stated, "Officer HAUSCARRIAGUE's head was about his chest level... [REDACTED] chest level." Truong was asked if the head was directly centered with the chest. Truong stated, "I don't remember where it was, but I just remember it being in the general chest area." (Truong was motioning with his head being tilted to the side.) Truong was asked, you are indicating with your body that his head might have been tilted a little bit, do you recall HAUSCARRIAGUE's head being tilted one way or the other. Truong stated, "It was tilted one... left or right I don't remember."

Truong was asked where HAUSCARRIAGUE's hands were. Truong stated, "It was wrapped around his belly." Investigators emphasized 'his belly'. Truong stated, "Or his waist area." Truong was asked where were HAUSCARRIAGUE's hands touching. Truong stated, "I didn't see." Truong was asked where would they have touched with what you saw. Truong stated, "His belly."

Truong was asked why HAUSCARRIAGUE was ducked down when he made contact with [REDACTED]. Truong stated, "Indicating he was doing a takedown." Truong was asked, so, you indicated [REDACTED] hands were at his belly. Truong stated, "Yes." Truong was asked if HAUSCARRIAGUE was reaching forward in front of his own body or was he reaching back behind his own body. Truong stated, "Forward." Truong was asked if a person is reaching forward and reaching around touching a person's belly what part of the body would the person (HAUSCARRIAGUE) be facing. Truong stated, "It would be... okay I got mixed up on the last one. His hands would be touching around his back, or his lower back. Because initially when he grabbed him he went towards the front... Officer HAUSCARRIAGUE's face was on [REDACTED] chest and he had him wrapped around in a hug... I wouldn't call it a hug, I mean it's more of like a hold. So, his hands I guess would be touching his lower back."

It was explained to Truong that Officer Becerra who was in front of Truong, clearly had a better line of sight, stated HAUSCARRIAGUE's chest was touching [REDACTED] back. Truong was informed Officers Donaldson, Tweedy, and everyone else stated the same thing that HAUSCARRIAGUE was at [REDACTED] back. Truong was asked why he is the only one with a different story, and also fumbles around with his story and can't keep it straight. Truong stated, "Well this is what I saw, I mean the scene happened in split seconds. I remember..." Truong was asked if he saw things incorrectly. Truong stated, "That's just what I saw." Truong was asked if it's possible he saw things and recalled them incorrectly. Truong stated, "It is possible.... Everything happened very fast."

Truong was asked, HAUSCARRIAGUE has his hands wrapped around touching the back, does HAUSCARRIAGUE's momentum carry them toward the west wall. Truong stated, "He was... Officer HAUSCARRIAGUE, there was a indicating, indicator of direction change, it looked like he was trying to dip him to the ground. Dip him as in picking him up and put him to the ground." Truong was asked what a 'dip' is. Truong stated, "A dip is a kind of pick someone up to take them off their feet." Truong was asked what made him think HAUSCARRIAGUE was going to pick [REDACTED] up off the ground. Truong stated, "Cause Officer HAUSCARRIAGUE lowered his body and it looked he was going to pick him up and put him down on the ground." Truong was asked, so, at this point during the contact HAUSCARRIAGUE was now running. Truong stated, "Yes."

Truong was asked if HAUSCARRIAGUE actually picked [REDACTED] up off the ground. Truong stated, "No." Truong was asked what HAUSCARRIAGUE did with [REDACTED]. Truong stated, "He

just kind of held him there and kind of struggled with [REDACTED]. Truong was asked to describe what that means. Truong stated, "[REDACTED] was... [REDACTED] kind of a heavier person so he couldn't really do anything with his body weight." Truong was asked who couldn't do anything with his body weight. Truong stated, "Officer HAUSCARRIAGUE."

Truong was asked to describe Officer HAUSCARRIAGUE. Truong stated, "Like his physical...approximately five foot nine." It was explained to Truong that everyone has HAUSCARRIAGUE at 6'00" or 6'01". Truong stated, "My perception is a little different. Maybe 220 pounds...athletic build...23 or 24 years old." Truong stated he believed HAUSCARRIAGUE went to High School in Vacaville, and he did not know HAUSCARRIAGUE played football.

Truong was asked to describe [REDACTED]. Truong stated, "[REDACTED]
[REDACTED]...he seems like a larger gentlemen. [REDACTED]

It was explained to Truong that you have HAUSCARRIAGUE who is 6'00", 220 pounds, athletic and in good shape running at [REDACTED] who is 5'5", 180-200 pounds. Truong was asked if it is even possible at the point of contact that they come to a complete stop. Truong stated, "You could just stop. I mean he stopped running once he got to [REDACTED]. It was pointed out to Truong that he didn't say that before. Truong was asked, so, know you are saying HAUSCARRIAGUE stopped. Truong stated, "Uh-huh (affirmative), yes." Truong was asked if they both stopped and they are standing, is that what you are saying. Truong stated, "Yes."

Truong was asked to explain what happened next after they stopped. Truong stated, "Well like I said he came up to him, he stopped and tried to hold on to him." Truong was asked to explain how that happened." Truong stated, "He ran up to him and just...grabbed his hands around his waist." Truong was asked if HAUSCARRIAGUE stopped. Truong stated, "Yes." Truong was asked, so, HAUSCARRIAGUE went from a full run to stopping. Truong stated, "Yes." Truong was asked how close was HAUSCARRIAGUE to [REDACTED] when he stopped. Truong stated, "Right when he got on to him...right when he made contact with him." Truong was asked if HAUSCARRIAGUE tried to stop before. Truong stated, "No." Truong was asked if HAUSCARRIAGUE started to slow down. Truong stated, "He slowed down I mean I could see his shoes." Truong was asked to explain that, how far away was HAUSCARRIAGUE when he starts to slow down. Truong stated, "Very close to [REDACTED]. Truong was asked what very close means, how close is very close. Truong stated, "His boots were sliding off the pavement...He was like skidding to a stop. The pavement is like gravel there, so he slowed down that way."

It was explained to Truong that these new details are very descriptive for a person who doesn't remember things. So, he is now saying HAUSCARRIAGUE skidded to a stop on the asphalt and little rocks are being kicked up. Truong was asked if that is what he is telling us. Truong stated, "Yes."

Truong was asked if Officer HAUSCARRIAGUE was leaning forward or back when he was skidding to a stop. Truong stated, "He was leaning forward, Officer HAUSCARRIAGUE was still leaning forward when he was...when he was stopping, but then he broke his...I mean everything just stopped once he made contact with him. Let's see, I am running (Truong stands up to visually demonstrate). I am Officer HAUSCARRIAGUE and I am running and running and running then I make contact with you and I am skidding at the same time leaning towards into you."

Truong was asked, so, he wasn't stopped. Truong stated, "I mean there was still movement, but he wasn't at a complete stop." Truong was asked, so, HAUSCARRIAGUE was skidding into him. Truong stated, "Yes." Truong was asked, and then HAUSCARRIAGUE grabs him. Truong stated, "Yes."

Truong was asked to explain what happens next. Truong states, "Officer HAUSCARRIAGUE grabbed him and [REDACTED]...looked like he was pushing off of Officer HAUSCARRIAGUE." Truong was asked what part of HAUSCARRIAGUE's body. Truong stated, "Probably his left or right shoulder... I don't remember which one it was." Truong was asked what part of [REDACTED] body did he push off with. Truong stated, "[REDACTED]...pushed off with his, uh, I believe his right arm."

Truong was asked to explain what happened next. Truong stated, "Uh...Let's see, [REDACTED] pushed off of HAUSCARRIAGUE with his, his...I believe it was his right arm if I can recall correctly, he started turning, pushing and turning toward...[REDACTED] started pushing away and uh, kind of had his arm extended, I think. And managed to turn around." Truong was asked how [REDACTED] turned around. Truong stated, "Well he, so he had pushed off like this (visual demonstration) and Officer HAUSCARRIAGUE was still on his...still had that hold on him, but he managed to push around, and they both just went straight toward the cement wall."

Truong was asked what happened next. Truong stated, "I saw both of their heads contact the wall." Truong was asked when [REDACTED] was going toward the wall what was HAUSCARRIAGUE doing. Truong stated, "He was still holding on to him...trying to maintain his grip." Truong was asked where HAUSCARRIAGUE's head was at. Truong stated, "Behind [REDACTED] now." Truong was asked where behind him, his lower or upper back, or his butt. Truong stated, "I don't remember."

Truong was asked if they continued to struggle as [REDACTED] went toward the wall, or was HAUSCARRIAGUE just holding on. Truong stated, "Officer HAUSCARRIAGUE was still just holding on to him, there was no more struggle." Truong was asked if HAUSCARRIAGUE was trying to dip him down, or was HAUSCARRIAGUE just being drug my [REDACTED]. Truong stated, "I don't remember, but...yeah I don't remember."

Truong stated [REDACTED] head hit the wall and he also saw HAUSCARRIAGUE's head hit the wall. Truong was asked how that happened. Truong stated, "So after [REDACTED] hit the wall, um, they both kind of just fell down and Officer HAUSCARRIAGUE hit the top, I believe it was the top left portion of his head against the wall." Truong was asked if that was after [REDACTED] fell. Truong stated, "No, this is...it was quick it was almost at the same time."

Truong was asked how that happened if HAUSCARRIAGUE's head was behind [REDACTED]. Truong stated, "Well his head was behind his back, but once...once they got toward the wall [REDACTED] after [REDACTED] hit the wall he might have fell down to the ground, or fell down like after hitting the wall, Officer HAUSCARRIAGUE followed suit." Truong was told it doesn't make sense, if I am behind you and you hit the wall I am going to hit your back and we are both going to fall down. Truong was asked how HAUSCARRIAGUE's head hit the wall. Truong stated, "It might have been his grip, like his positioning on [REDACTED]."

It was explained to Truong, we asked him what the positioning was and he said HAUSCARRIAGUE's head was behind [REDACTED]. Truong stated, "Yeah, well his head was behind [REDACTED]. Truong was asked to explain how HAUSCARRIAGUE's head hit the wall. Truong

stated, "I don't remember, I mean I don't know how, but I saw... I don't remember his positioning." It was explained to Truong he just explained the positioning. Truong stated, "Yeah, he was behind [REDACTED]."

Truong asked Investigator Davis to stand up so he could demonstrate. Truong demonstrated [REDACTED] head hitting the wall at an angle. Truong was asked how HAUSCARRIAGUE's hit the wall. Truong stated, "His head might have slid up."

It was explained to Truong that what we are getting out of all this, is he really doesn't know what happened. Truong stated, "Well... I really just put in my report what I saw.... and the details around those things..." It was explained to Truong that he didn't write any details in his report. Truong stated, "Because I didn't have the details. I just wrote what I saw." Truong asked why is he giving details now. Truong stated, "Well your bringing it up to me... I am trying to make sense of it all." Truong was asked if the events are fresher in his mind here now. Truong stated, "Yes." Truong was asked why he didn't write it in his report, because if you didn't write it... Truong stated, "It didn't happen."

Truong was asked why now does he have all these details that were not in his initial report. Truong stated, "I am just trying to make sense of it all."

It was explained to Truong that his statement doesn't make sense. Truong was asked if his default is, what ever happened is written in his report. Truong stated, "Yes."

It was explained to Truong that he gave us four different accounts. Truong was asked what version is he going to say in court. Truong stated, "I am going to go with what I wrote in my report. It was the freshest."

Truong was asked if [REDACTED] continued to fight when they fell to the ground. Truong stated, "No, he wasn't." Truong was asked if [REDACTED] was [REDACTED] without incident. Truong stated, "Yes."

Truong was asked if [REDACTED] was arrested at that time. Truong stated, "No." Truong was asked why. Truong stated, "He was being detained pending an investigation." Truong was asked how long can you detain somebody before either their arrested or let go. Truong stated, "A reasonable amount of time." Truong was asked what is reasonable. Truong stated, "I would say about 30, 45 minutes." Truong was asked if [REDACTED] was under arrest after that time frame. Truong stated, "He was not."

Truong was asked what [REDACTED] was detained for. Truong stated, "Pending an investigation." Truong was asked, an investigation for what. Truong stated, "For any...(pause) I am not sure about the crimes, I don't know the crimes."

Truong was asked if he knows what kind of injuries [REDACTED] sustained. Truong stated, "No." The injuries were explained to Truong and he was asked if he considered that a significant injury. Truong stated, "I would say so."

Truong was asked with the way he described things and the way they hit the wall does that match with the kind of injuries [REDACTED] sustained. Truong stated, "Yes." Truong was asked why. Truong stated, "Based on the contact with the wall alone... it was pretty big contact."

It was explained to [REDACTED] he didn't describe big contact with the wall. He described [REDACTED] struggling and dragging a 200 pound man behind him to the wall. Truong was asked if that makes sense. Truong stated, "Yes."

Truong was asked if [REDACTED] hands were free. Truong stated, "Yes."

Truong was asked if [REDACTED] was yelling out he wanted to kill himself. Truong stated, "I don't recall that." Truong was asked if [REDACTED] was yelling out he wanted to [REDACTED]

[REDACTED] Truong stated, "No." Truong was asked if there was anything [REDACTED] said that indicated he would not protect his face when he had his hands free. Truong stated, "No." Truong was asked why he believes [REDACTED] did not protect his own face. Truong stated, "He didn't drag himself, Officer HAUSCARRIAGUE...they both, they both went into the wall, it's not like [REDACTED] ran into the wall. Officer HAUSCARRIAGUE, they both lost balance and there was some momentum picked up when they hit the wall. That's when the injuries occurred."

Truong was asked how did they gain momentum. Truong stated, "They tripped." Truong was asked how did they trip. Truong stated, "There was a...I mean there was uneven ground in the courtyard." Truong was asked, what was he going to say when he stated, "There was a." Truong stated, "There was a...a...like a block of wood or plotting pathway or something like that, that's out there. It could have been that. I just remember them just stumbling, cause they were right next to that area." Truong was asked who stumbled. Truong stated, "Both Officer HAUSCARRIAGUE and [REDACTED] Truong was asked if they stumbled together on the same thing. Truong stated, "Yes." Truong was asked if he knows what they stumbled on. Truong stated, "No."

Truong was asked to explain how this momentum thing happened. Truong stated, "They just kept stumbling, stumbling, stumbling." Truong was asked if they stumbled over multiple things. Truong stated, "Well they couldn't catch their footing...So after they stumbled over that thing, they just lost balance, I mean they just kept going toward that wall."

Truong was asked how far from the wall were they when the stumble occurred. Truong stated, "When the stumbling happened maybe like five feet."

Truong stated he conducted one interview of a witness and that was Psychologist [REDACTED] Truong was asked if he conduct a thorough interview of [REDACTED] Truong stated, "No." Truong was asked why it was not a thorough interview. Truong stated, "I didn't get all the details." Truong was asked if he got any details. Truong stated, "Not really." Truong was asked for a reason why he didn't get the details. Truong stated, "No...when I interviewed her I was just getting the 'jist' of what she saw."

Truong was asked why he didn't get the details between contact with [REDACTED] and hitting the wall. Truong stated, "I have no excuses for that, bad interview."

Truong was asked if that is the way he normally does his interviews. Truong stated, "No." Truong was asked why this one was different. Truong stated, "It was a hectic scene and I had, I had..." It was explained to Truong that he had one interview to do. Truong was asked what other responsibilities did he have. Truong stated, "Just photograph the...the injuries." Truong stated he photographed the injuries at the courtyard.

Truong was asked what he had to do to stop him from conducting a thorough interview. Truong stated, "I thought most of the people were being interviewed already...I have no excuses for that, it's not a thorough interview."

Truong was asked if the injury to HAUSCARRIAGUE played any role in the lack of conducting a thorough interview, with the Chief's son being injured. Truong stated, "No."

It was explained to Truong that [REDACTED] was interviewed again along with other doctors, and staff, and what they say happened does not match what he said happened. Truong was asked why that would be. Truong stated, "It's just what I saw from my point of view." Truong was asked why his point of view is so drastically different than everybody else's. Truong stated, "Everyone's perception of an incident is different, I am not sure what they saw or, I am not them. It's just what I saw."

Truong was asked if he could recall the 10 staff members he saw when he arrived. Truong stated, "No." Truong was asked how he knew they were staff members. Truong stated, "They weren't dressed in khaki." Truong was asked if they were in some sort of conversation with [REDACTED] when he showed up. Truong stated, "Yes."

Truong was asked why the other Hospital Police Officers would say no other staff members were present. Truong stated, "I don't know why they would say that, because there was staff present."

Truong was asked prior to HAUSCARRIAGUE making contact, what crimes did [REDACTED] commit. Truong stated, "The only other crimes I seen..." Truong was asked again prior to HAUSCARRIAGUE making contact. Truong stated, "None."

It was explained to Truong, prior to the contact, [REDACTED] wasn't escaping and he wasn't trying to overcome any resistance. Truong was asked if that was correct. Truong stated, "Correct." Truong was asked if those are the three requirements they need to be able to use force on someone. Truong stated, "Yes."

Truong was asked why force was used before those three things were present. Truong stated, "I have no idea."

Truong was asked for his definition of un-necessary force. Truong stated, "Force that is not even called for." Truong was asked for his definition of excessive force. Truong stated, "Excessive, using more force then reasonably to affect an arrest, overcome resistance, um, prevent escape."

Truong was asked what HAUSCARRIAGUE did to [REDACTED] was that un-necessary force, excessive force, or neither. Truong stated, "I don't know what was going on in..." It was explained to Truong that he already said there was no reason to use force. Truong was asked again, per his definition, what HAUSCARRIAGUE did to an elder dependent adult, was it unnecessary force, or excessive force. Truong stated, "Excessive."

Truong was asked what force was allowed. Truong stated, "During that time I would say TSI." Truong was asked, so, would un-necessary force probably be more appropriate. Truong stated, "What is un-necessary force again?...Force that is not even called for?" Investigators agreed it is force not even called for. Truong was asked again which one applies, was force necessary. Truong stated, "Well if your talking about TSI as being a use of force." Truong was asked if

HAUSCARRIAGUE was using TSI, or was he using force. Truong stated, "He was using force." Truong was asked again was force necessary. Truong stated, "Force was necessary."

It was explained to Truong that he just gave definitions and stated [REDACTED] was not committing a crime, not trying to escape, and not over coming resistance, so why was force necessary. Truong stated, "TSI is a form of force."

It was explained to Truong that we just went through this, TSI is not a use of force. Truong was asked if that is correct. Truong stated, "To officers it is...when an officer gets involved and does TSI it is considered a use of force."

Truong was asked if TSI was necessary at that point, physical TSI. Truong stated, "Yes." Truong was asked why. Truong stated, "Uh, he need to...in that situation being a staff member, a former staff member, we would use TSI to escort the individual back into the unit from the courtyard using something like a soft control hold or something like that. So TSI is necessary."

Truong was asked have you been trained in TSI, when you have a pissed off patient facing you with clinched fists, do you go and do TSI by yourself. Truong stated, "No."

Truong was asked do you do TSI where you duck down, wrap your arms around their waist, and try and left them off the ground, and put them on the ground. Truong stated, "No."

Truong was asked, so, was HAUSCARRIAGUE using TSI or was he using force. Truong stated, "He was using force." Truong was asked if HAUSCARRIAGUE had a reason to use force or not. Truong stated, "No."

Truong was asked why HAUSCARRIAGUE did not have a reason to use force. Truong stated, "[REDACTED] had not committed a crime up to that point."

Truong was asked if he had any conversations with HAUSCARRIAGUE up to this point. Truong stated, "No."

Truong was asked when he wrote his report who did he turn the report into. Truong stated, "Sergeant Flores I believe." Truong was asked if Flores reviewed his report in front of him or through RMS. Truong stated, "I think he did it through RMS." Truong was asked if Flores approved the report right away or did he reject it. Truong stated, "He kicked it back for some grammatical stuff."

Truong was asked if Flores talked to him about the blatant discrepancies that we saw right away. Truong stated, "No."

Truong was asked why the staff members who witnessed the event, why there account of what happened would be so different than his. Truong stated, "I don't...I don't know this is what I recall...I don't change my report for anything. If I feel like that's what I saw that's what I saw."

Truong was asked prior to your interview today who did you discuss this incident with. Truong stated, "We debriefed after the incident...The sergeants, officers, staff members, we did a debriefing." Truong stated this debrief was on the same day of the incident, approximately 45 minutes after the incident. Truong stated they had started their reports and stopped to attend the debrief. Truong stated Sgt. Flores was there, and possibly Sgt. Kotsinadelis, along with Officers Donaldson, Tweedy, and Becerra. Truong stated HAUSCARRIAGUE was at the A3 medical unit.

Truong was asked what was discussed at the debriefing, was how to write the report discussed. Truong stated, "No, absolutely not." Truong stated there was no discussion about what should and should not be in the report.

Truong was asked during this discussion of the event, you guys didn't realize the discrepancies in what you saw. Truong stated, "No...It wasn't until after the report we realized we all saw something different."

Truong was asked if the guys talked about the discrepancies. Truong stated, "Yes." Truong was asked when this took place. Truong stated, "During the debrief." It was explained to Truong the report had not been completed prior to the debrief. Truong stated, "During the debrief we talked about the incident and we had mentioned we saw something different, well just write that in the report."

Truong was asked if the officers discussed the incident after the report was finished. Truong stated, "Yes." Truong was asked who was present, who did he talk with. Truong stated, "Uh...Officer Becerra." Truong was asked if he was the only one. Truong stated, "I think so." Truong was asked when the last time was he talked to Becerra regarding this incident. Truong stated, "About a week ago." Truong was asked if it was after Becerra's interview with OLES investigators. Truong stated, "Before." Truong was asked what was discussed. Truong stated, "We discussed just what happened." Truong was asked if it was before he received his notice. Truong stated, "Before."

Truong stated he has been instructed on arrest control holds and takedowns, including twist locks, and rear wrist locks. Truong was asked if he ever heard the term 'position of advantage'. Truong stated, "Yes."

Truong was asked if has ever been taught to conduct a takedown from anything other than the position of advantage. Truong stated, "No." Truong was asked if he would ever do a takedown from anything other than a position of advantage. Truong stated, "If I have to I have to. It comes down to the totality of the circumstances."

Truong was asked what he saw HAUSCARRIAGUE do to [REDACTED] was that a takedown he had been taught. Truong stated, "No....during defensive tactics yes...defensive tactics are more like wrestling...so, if your in a scuffle with a patient like that, I would use something like that, but." Truong was asked if HAUSCARRIAGUE was in a scuffle with a patient. Truong stated, "No."

Truong was asked if HAUSCARRIAGUE initiated the scuffle. Truong stated, "Yes."

Truong was asked who came through the gate after him, since he was the third person through the gate. Truong stated, "I don't remember." Truong was asked if he knows who locked the gate. Truong stated, "I assumed it was Tweedy, because he opened it."

Truong acknowledged that there was no discussion amongst the officers before entering the courtyard. Truong was asked what he believed was going to happen when they entered the courtyard. Truong stated, "I thought I was going to go in and uh, just...talk to staff members, and if staff members didn't feel safe I would initiate a TSI control hold, soft control hold and escort him back inside, that's kind of our standard procedure."

Truong was asked if it's fair to say that HAUSCARRIAGUE took over everything when he rushed in and tackled [REDACTED] Truong stated, "Yes."

Truong was asked besides Donaldson's order to walk away, and HAUSCARRIAGUE's order to stop, did any other officers give [REDACTED] any orders. Truong stated, "No."

Truong was asked to elaborate on how he expected the situation with [REDACTED] to go when they entered the courtyard, using his past experience. Truong stated, "I expected to, just like any other incident that we go to an alarm call, we meet up with the staff, find out what is going on first, you don't want to go in there blind, see if the patient has any history of violence against officers or anything like that. But the first thing we would do is talk to staff, like, do you guys want to start TSI or anything like that to get this guy inside, we can stand by and if it gets squirrely we can take over, and usually when we take over staff turns it over to us, one incident happened the other night. Ah, just exactly what I am going to describe right now, ah, so staff member they initiate the TSI, soft control hold, the patient gets squirrely and they turned it over to officers. So, me and another officer hopped in and do that soft control hold, and if a patient was to resist that we just kind of escalate it. We know transition were we can get a patient from soft control hold to a little bit more of pain compliance and stuff like that to get him inside."

Truong was asked what could that group of officers done to handle the situation if HAUSCARRIAGUE hadn't run in there toward [REDACTED]. Truong stated, "Use dialectical, you know crisis intervention, verbal judo, things like that. We could have talked him down." Truong was asked if they were ever given an opportunity to do that. Truong stated, "No...Officer HAUSCARRIAGUE basically took over the scene and we have to support our officers once they act, we have to act to."

Truong was asked if he talked to a Sergeant or anyone about some of the choices HAUSCARRIAGUE made. Truong stated, "No." Truong was asked why not. Truong stated, "That's what the investigation is for."

INTERVIEW OF SUSPECT HPO MICHAEL HAUSCARRIAGUE

On September 14, 2017, at approximately 1400 hrs, Inv. Davis and Inv. Jones, conducted a digitally recorded interview of HAUSCARRIAGUE, in the OSI office at NSH. He was accompanied by a union representative, Ofc. Danner. HAUSCARRIAGUE was not in custody. He was advised of his Miranda rights prior to questioning. He said "yes" to understanding each of his rights and then advised me he would not be providing me with a statement. He had no other questions for us and he left the interview.

INVOLVED PARTY CONTACT LISTVICTIM(S)

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

CA OLN: [REDACTED]

SUSPECT(S)**Michael HAUSCARRIAGUE** DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: White Hgt: 6'00" Wgt: 185 Hair: Bln Eyes: Blu

OLN: [REDACTED]

Terence Victor MCCULLOUGH DOB: [REDACTED] Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: White Hgt: 5'08" Wgt: 180 Hair: Bro Eyes: Bro

OLN: [REDACTED]

WITNESS(S)**Curtis Brandt** DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Stuart Donaldson DOB: [REDACTED] Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: White Hgt: 6'05" Wgt: 295 Hair: Bro Eyes: Blu

Sergio Flores

DOB: [REDACTED]

Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Sergeant)

Sex: Male Race: Hispanic

Ross Tweedy

DOB: [REDACTED]

Telephone: N/A

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: White Hgt: 5'11" Wgt: 225 Hair: Bld Eyes: Blu

OLN: [REDACTED]

Nicholas Kotsinadelis

DOB: [REDACTED]

Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Sergeant)

Sex: Male Race: White

Neil M. Leomo

DOB: [REDACTED]

Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: Unk

OLN: [REDACTED]

Jose Becerra

DOB: [REDACTED]

Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: Hispanic Hgt: 5'8" Wgt: 180 Hair: Blk Eyes: Brn

Vuong Truong

DOB: [REDACTED] Telephone: [REDACTED]

Residence: N/A

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Hospital Police Officer)

Sex: Male Race: Unk Hgt: 5'5" Wgt: 145 Hair: Brn Eyes: Brn

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychiatric Technician)

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

OLN: [REDACTED]

[REDACTED] [REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Rehab Therapist)

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

OLN: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychiatric Technician)

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

OLN: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychiatric Technician)

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

██████████ DOB: ██████████ Telephone: ██████████

Residence: ██████████

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Registered Nurse)

Sex: █████ Race: █████ Hgt: █████ Wgt: █████ Hair: █████ Eyes: █████

OLN: █████

██████████ DOB: ██████████ Telephone: ██████████

Residence: ██████████

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychiatrist)

Sex: █████ Race: █████ Hgt: █████ Wgt: █████ Hair: █████ Eyes: █████

OLN: █████

██████████ DOB: ██████████ Telephone: ██████████

Residence: ██████████

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychiatrist)

Sex: █████ Race: █████ Hgt: █████ Wgt: █████ Hair: █████ Eyes: █████

OLN: █████

██████████ DOB: ██████████ Telephone: ██████████

Residence: ██████████

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Clinical Social Worker)

Sex: █████ Race: █████ Hgt: █████ Wgt: █████ Hair: █████ Eyes: █████

OLN: █████

██████████ DOB: ██████████ Telephone: ██████████

Residence: ██████████

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychologist)

Office of Law Enforcement Support

Hospital Police Officer HAUSCARRIAGUE, Michael
Napa State Hospital

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

OLN: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Psychiatric Technician)

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

OLN: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: 2100 Napa Vallejo Hwy Napa CA 94558 (Unit Supervisor)

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

OLN: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: [REDACTED]

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Hair: [REDACTED]

CII: [REDACTED] FBI: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: [REDACTED]

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

CII: [REDACTED] FBI: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: [REDACTED]

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Hgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

CII: [REDACTED] FBI: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: [REDACTED]

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

CII: [REDACTED] FBI: [REDACTED]

[REDACTED] DOB: [REDACTED] Telephone: [REDACTED]

Residence: [REDACTED]

Business: [REDACTED]

Sex: [REDACTED] Race: [REDACTED] Hgt: [REDACTED] Wgt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

CII: [REDACTED] FBI: [REDACTED]

EXHIBIT LIST

1. Facility template from Napa State Hospital reporting the [REDACTED] of a patient.....	5
2. OLES Attorney on Duty (AOD) form reporting the [REDACTED] of a patient.....	5
3. NSH Incident 17030418.....	5
a. Final Supplemental Incident Report Ofc. Truong.....	7
b. Final Supplemental Incident Report Ofc. Tweedy.....	8
c. Final Supplemental Incident Report Ofc. Donaldson.....	9
d. Final Supplemental Incident Report Ofc. Nelum.....	10
e. Final Supplemental Incident Report Ofc. Brandt.....	10
f. Final Supplemental Incident Report Ofc. Davies.....	10
g. Final Supplemental Incident Report Ofc. MCCULLOUGH.....	11
4. NSH Incident 17030419.....	12
5. NSH Incident 17010122.....	12
6. NSH Incident 16121688.....	12
7. Initial Medical/Nursing Documentation.....	13
8. Audio recording between Patient [REDACTED] and Ofc. Davies.....	14
9. Audio recording between Ofc. HAUSCARRIAGUE and Ofc. Davies.....	14
10. Audio recording between Ofc. Donaldson and Ofc. Davies.....	14
11. Napa State Hospital Patrol Log March 21, 2017.....	14
12. [REDACTED] Registrant Report.....	14
13. Officer HAUSCARRIAGUE Medical report re: [REDACTED].....	15
14. Medical report re: [REDACTED].....	15
15. Probable Cause Statements, Napa DA for arrest of [REDACTED].....	15
16. [REDACTED] pre-arrest clinical review and recommendations.....	16
17. Staff Roster and patient list unit T-13, March 23, 2017.....	16
18. Unit T-13 Courtyard patient census, March 23, 2017.....	16
19. Preliminary PDAS Info for T-13.....	16
20. Detailed PDAS information for T-13.....	17
21. Pictures taken NSH 14030418.....	17
22. Schematic of T-13 building and courtyard.....	17
23. Internet search of HAUSCARRIAGUE.....	17
24. Photos and physical description of involved HPO's.....	17
25. DSH Policy and procedures re: use of force.....	17
26. NSH patrol log March 23, 2017.....	18
27. Additional medical records located for [REDACTED].....	18
28. Booking photo of [REDACTED].....	18
29. Photos taken by OLES Investigators.....	19
30. OLES admonishment and notice of interview forms.....	19
31. OLES recorded audio interviews.....	19

CASE STATUS

The Office of Law Enforcement Support submits this investigative report to the Napa County District Attorney's Office for its consideration. This report is a summary of the investigation. It is strongly recommended that the reader listen to the relevant audio recordings for complete details of the interviews and refer to the exhibits for details of the documents. The reader should make their decisions based upon the entirety of the investigation.



Jason Davis
Investigator
Office of Law Enforcement Support

Date: 10/6/17



William Huddleston
Supervising Investigator
Office of Law Enforcement Support

Date: 10/5/17